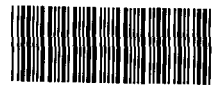


SITE HEALTH AND SAFETY PLAN (HASP)

Office:	Dallas, Texas
Site Name:	Jackpile Mine Site Investigation
Client:	U.S. EPA
Work Location:	Paguate, Cibola County, New Mexico
WO#:	20406.012.019.0514.01



653628

This page is NOT a locked form and it to be used for electronic signatures only. Please be certain to complete the information necessary in the first two (2) blocks on the following page if you use this area. All information may be entered electronically but you cannot tab through the table. Double check boxes and follow prompt to show checkmark. Then paste your signature (from a pdf file) in the signature box.

SITE HEALTH AND SAFETY PLAN (HASP)															
Review and Approval Documentation:															
Reviewed by:	DSM	<div style="display: flex; justify-content: space-between;"> <div> <u>Sam Cheek</u> Name (Print) </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>													
	Other	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Name (Print) </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>													
Approved by:	Project Manager	<div style="display: flex; justify-content: space-between;"> <div> <u>Jeff Criner</u> Name (Print) </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>													
Hazard Assessment and Equipment Selection:															
<p>In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)</p>															
<input checked="" type="checkbox"/>	FSO	<div style="display: flex; justify-content: space-between;"> <div> <u>Michelle Brown</u> Name </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <u>2/24/10</u> </div> </div>													
<input checked="" type="checkbox"/>	Site Manager	<div style="display: flex; justify-content: space-between;"> <div> <u>Michelle Brown</u> Name </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>													
<input checked="" type="checkbox"/>	Environmental Compliance Officer	<div style="display: flex; justify-content: space-between;"> <div> <u>Michelle Brown</u> Name </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>													
<input checked="" type="checkbox"/>	Dangerous Goods Shipping Coordinator	<div style="display: flex; justify-content: space-between;"> <div> <u>Michelle Brown</u> Name </div> <div> <div style="border-bottom: 1px solid black; width: 150px;"></div>Signature </div> <div> Date: <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> </div>													
Project start date: February 2010 End date: December 2010		This site HASP must be reissued/reapproved for any activities conducted after: Date: 8/31/10	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Amendment date(s)</th> <th style="width: 30%;">By:</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> </tbody> </table>	Amendment date(s)	By:	1.		2.		3.		4.		5.	
Amendment date(s)	By:														
1.															
2.															
3.															
4.															
5.															

SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: Robert Schoenfelder	W.O. Number: 20406.012.019.0514.01	Date: 02/11/10
Project Identification TDD No. TO-0019-10-02-02 Office: DTX Site Name: Jackpile Mine Site Investigation Client: U.S. EPA Work Location Address: Paguate, Cibola County, New Mexico		Site History: Jackpile-Paguate is a former open pit uranium mine located in the Laguna Indian reservation. The mine operated from 1953 through 1982 and is approximately 7,868 acres in size.

Scope of Work: Collect soil sample from the mine area and surface water/sediment samples along the surface water pathway. Sample are to be sent for laboratory analysis and data is to be used for HRS scoring purposes. Take field notes and photodocument.

☐ Site visit only; site HASP not necessary. List personnel here and sign off below:

Regulatory Status:

Site regulatory status:			Safety Officer Manual (Required to be On-Site)
CERCLA/SARA	RCRA	Other Federal Agency	Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.
<input checked="" type="checkbox"/> U.S. EPA	<input type="checkbox"/> U.S. EPA	<input type="checkbox"/> DOE	<input type="checkbox"/> Stack Test
<input type="checkbox"/> State	<input type="checkbox"/> State	<input type="checkbox"/> USACE	<input type="checkbox"/> Air Emissions
<input type="checkbox"/> NPL Site	<input type="checkbox"/> NRC	<input type="checkbox"/> Air Force	<input type="checkbox"/> Asbestos
<input type="checkbox"/> OSHA	<input checked="" type="checkbox"/> 10 CFR 20	<input type="checkbox"/> _____	<input type="checkbox"/> Industrial Hygiene
Hazard Communication (Req'd See Attachment D)			<input checked="" type="checkbox"/> <u>Radiation</u>
<input checked="" type="checkbox"/> 1910	<input checked="" type="checkbox"/> 1926	<input type="checkbox"/> State	<input type="checkbox"/> _____

Vehicle Use Assessment and Selection

Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are:

1. Full sized SUV/truck (4x4)
- 2.
- 3.
- 4.

The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name).

1. James Beavis(1)
2. Tori Gomez(1)
3. Mendy Luetke(1)
4. Donna Klein(1)
5. Jennifer Peters(1)
- 6.
- 7.
- 8.
- 9.
- 10.

The project site was evaluated and a Traffic Control Plan ☐ is required ☒ is not required.

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ATTACHMENTS

ATTACHMENT A	Chemical Contaminants Data Sheets
ATTACHMENT B	Material Safety Data Sheets
ATTACHMENT C	Safety Procedures/Field Operating Procedures (FLD Ops)
ATTACHMENT D	Hazard Communication Program
ATTACHMENT E	Air Sampling Data Sheets
ATTACHMENT F	Incident Reporting
ATTACHMENT G	AHA Checklist and Environmental Compliance
ATTACHMENT H	Site Audit Forms

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

Organization/Branch	Name/Title	Address	Telephone
DTX	Michelle Brown/Project Lead James Beavis Melinda Luetke Tori Gomez	14160 Dallas Pkwy. Suite 850 Dallas, TX 75244-6131	469-374-7700
STX	Donna Klein Jennifer Peters	70 NE loop 410, San Antonio, TX 78216	210-308-4300
ABQ	Robert Schoenfelder, CHP	3840 Commons Ave. Albuquerque, NM 87109	505-837-6556

Roles and Responsibilities:

M. Brown- Site Lead . Coordinates consent for access, and primary tribal contact. R. Schoenfelder – Radiation Safety Lead. Provide technical support to Site Lead.

1.2

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Michelle Brown

The FSO has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications:

8 Hr SHSC training, 40 Hr HAZWOPER. Completed an additional project specific Radiation awareness training course. Bob Schoenfelder will serve as a Field Safety Officer Consultant. Mr. Schoenfelder has completed the 40 Hr HAZWOPER training, subsequent 8 Hr Refreshers, is a Certified Health Physicist of the American Board of Health Physics valid through 2012, and has completed the Remedial Response Health and Safety Training, the FEMA ICS 0100 and 0200 Training.

Designated alternates include: Bob Schoenfelder.

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 Weston Employee Certification

Name: Michelle Brown Title: Project Leader Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Donna Klein Title: Scientist Task(s): All Certification Level or Description: <input type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: James Beavis Title: Project Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Jennifer Peters Title: Project Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Melinda Luetke, Tori Gomez Title: Assoc. Scientist Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual.) <input checked="" type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): All Certification Level or Description: <input checked="" type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)
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Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)	Name: Title: Task(s): Certification Level or Description: <input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.



2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1	Waste Source Sampling	Collect 6 samples from waste areas located in pits, dumps and stockpiles on-site.	February 2010 - Dec. 2010
2	Water and sediment sampling	Collect 39 water and/or sediment samples from the surface water pathways	February 2010 - Dec. 2010
3			

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1 <input type="checkbox"/> Flammable <input type="checkbox"/> Explosive <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> O ₂ Rich <input type="checkbox"/> O ₂ Deficient	Chemically Toxic 1 <input type="checkbox"/> Inhalation <input type="checkbox"/> Carcinogen <input type="checkbox"/> Ingestion <input type="checkbox"/> Mutagen <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Teratogen <input checked="" type="checkbox"/> Absorption <input type="checkbox"/> OSHA 1910.1000 Substance (Air Contaminants) <input type="checkbox"/> OSHA Specific Hazard Substance Standard (Refer to following page for listing)	Radiation 3 Ionizing: <input checked="" type="checkbox"/> Internal exposure <input checked="" type="checkbox"/> External exposure Non-ionizing: <input checked="" type="checkbox"/> UV <input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> MicroW <input type="checkbox"/> Laser	Biological 2 <input type="checkbox"/> Etiological Agent <input checked="" type="checkbox"/> Other (plant, insect, animal) <input checked="" type="checkbox"/> Physical Hazards 4 <input type="checkbox"/> Construction Activities Uneven ground, remote areas, off-road access
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Other Surface <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Sanitary Wastewater <input type="checkbox"/> Process Wastewater <input type="checkbox"/> Other _____	Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members: <input type="checkbox"/> Client Facility/WESTON Work Location <input type="checkbox"/> Nearby Non-Client Facility Describe: <input checked="" type="checkbox"/> Have activities (task[s]) been coordinated with facility? Comments: Project site activities will be conducted on private/Land Grant/tribal property. The appropriate property owner(s) will be informed of the scope of work and contacted for site access.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☒ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☒ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Alpha particles (meV)	Chemical Name	Quantity
Uranium-238 and decay products	4.2		
Radium-226	4.8		
Radon-222	5.5		

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

<input type="checkbox"/> 1910.1001 Asbestos	<input type="checkbox"/> 1910.1002 Coal tar pitch volatiles	<input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc.	<input type="checkbox"/> 1910.1004 alpha-Naphthylamine
<input type="checkbox"/> 1910.1005 [Reserved]	<input type="checkbox"/> 1910.1006 Methyl chloromethyl ether	<input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts)	<input type="checkbox"/> 1910.1008 bis-Chloromethyl ether
<input type="checkbox"/> 1910.1009 beta-Naphthylamine	<input type="checkbox"/> 1910.1010 Benzidine	<input type="checkbox"/> 1910.1011 4-Aminodiphenyl	<input type="checkbox"/> 1910.1012 Ethyleneimine
<input type="checkbox"/> 1910.1013 beta-Propiolactone	<input type="checkbox"/> 1910.1014 2-Acetylaminofluorene	<input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene	<input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine
<input type="checkbox"/> 1910.1017 Vinyl chloride	<input type="checkbox"/> 1910.1018 Inorganic arsenic	<input type="checkbox"/> 1910.1025 Lead (Att. FLD# 46)	<input type="checkbox"/> 1910.1026 Chromium VI (att. FLD 53)
<input type="checkbox"/> 1910.1027 Cadmium (Att. 50 FLD)	<input type="checkbox"/> 1910.1028 Benzene (Att. FLD# 54 or 61)	<input type="checkbox"/> 1910.1029 Coke oven emissions	<input type="checkbox"/> 1910.1043 Cotton dust
<input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane	<input type="checkbox"/> 1910.1045 Acrylonitrile	<input type="checkbox"/> 1910.1047 Ethylene oxide	<input type="checkbox"/> 1910.1048 Formaldehyde
<input type="checkbox"/> 1910.1050 Methylenedianiline	<input type="checkbox"/> 1910.1051 1,3 Butadiene	<input type="checkbox"/> 1910.1052 Methylene chloride	<input type="checkbox"/> 1926.60 Methylenedianiline
<input type="checkbox"/> 1926.62 Lead	<input type="checkbox"/> 1926.1101 Asbestos (Att. FLD 52)	<input type="checkbox"/> 1926.1127 Cadmium	

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

<input type="checkbox"/> Poisonous Plants (FLD 43-D)N/A Location/Task No(s) Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Insects (FLD 43-B)N/A Location/Task No(s) 1,2 Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Snakes, Reptiles (FLD 43-A) Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Animals (FLD 43-A) dogs, coyotes, sheep, cattle Location/Task No(s) All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP <input type="checkbox"/>	
<input type="checkbox"/> Sewage Location/Task No(s): Source: <input type="checkbox"/> Known <input type="checkbox"/> Suspect Route of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus Vaccination within Past 10 yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Etiologic Agents (FLD -C) Hantavirus Location/Task No(s): All Source: <input type="checkbox"/> Known <input checked="" type="checkbox"/> Suspect Route of Exposure: <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration Team Member(s) Allergic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Immunization required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FLD 43-C — Mold and Fungus. Att. OP <input type="checkbox"/>	
FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP <input checked="" type="checkbox"/>	
FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP <input type="checkbox"/>	

HEALTH AND SAFETY EVALUATION

2.1.4 Radiation Hazards of Concern

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
1.2.3	Ultraviolet	Solar			Appropriate clothing/sunscreen	None
	Infrared	N/A				
	Radio Frequency	N/A				
	Microwave	N/A				
	Laser	N/A				

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC ($\mu\text{Ci/mL}$)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		
2, 3	Uranium-238	gamma	4.5×10^9 yrs	6 E-10	3 E-10	2 E-11	1000 dpm/100 sq.cm.	MicroR meter, pancake G-M detector, wipe samples
2, 3	Radium-226	gamma	1590 yrs	N/A	3 E-10	N/A	"	MicroR meter, pancake G-M detector, wipe samples
2, 3	Radon-222	gamma	3.825 days	3 E-8	N/A	N/A	N/A	Air sampling

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input type="checkbox"/>	Section 7.0 - ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input type="checkbox"/>	FLD02 - Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	<input type="checkbox"/>	FLD09 - Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input checked="" type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input type="checkbox"/>	FLD13 - Structural Integrity
Improper cylinder handling	Mechanical injury/fire/explosion/suffocation	<input type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input checked="" type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Earth Moving Equipment
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes, Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/Trenching
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	<input type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input type="checkbox"/>	FLD37 - Pressure Washers/Sand Blasting
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	<input type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input checked="" type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input checked="" type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 - Lockout/Tag-out
Biological Hazards	Biological Hazards at site	<input checked="" type="checkbox"/>	FLD43 - Biological Hazards
Animals	Animals	<input checked="" type="checkbox"/>	FLD43A - Animals
Insects	Stinging and Biting Insects	<input checked="" type="checkbox"/>	FLD43B - Stinging and Biting Insects
Molds/Fungi	Molds and Fungi	<input type="checkbox"/>	FLD43C - Molds and Fungi
Hazardous Plants	Hazardous Plants	<input type="checkbox"/>	FLD43D - Hazardous Plants
Etiologic Agents	Etiologic Agents	<input type="checkbox"/>	FLD43E - Etiologic Agents

Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	<input checked="" type="checkbox"/>	FLD44 - Biological Hazards – Bloodborne Pathogens Exposure Control Plan – First Aid Providers
2.1.5 Physical Hazards of Concern (Continued)			
Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Infectious Waste	Infectious Waste at site/BBP/ at site/Infectious Waste	<input type="checkbox"/>	FLD45 – Biological Hazards – Bloodborne Pathogens Exposure Control Plan – Work With Infectious Waste
Lead Contaminated sites	Lead poisoning	<input type="checkbox"/>	FLD46 - Control of Exposure to Lead
Puncture/cuts	Cuts/ dismemberment/gouges	<input type="checkbox"/>	FLD47 - Clearing, Grubbing and Logging Operations
Not applicable	Not applicable	<input checked="" type="checkbox"/>	FLD48 – Federal, State, Local Regulatory Agency Inspections
Not applicable	Exposure to hazardous materials/waste	<input checked="" type="checkbox"/>	FLD49 – Safe Storage of Samples
Cadmium	Exposure Control	<input type="checkbox"/>	FLD50 – Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	<input type="checkbox"/>	FLD51 – Process Safety Procedure
Asbestos	Asbestos Exposure	<input type="checkbox"/>	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	<input type="checkbox"/>	FLD53 – Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	<input type="checkbox"/>	FLD54 - <u>Benzene Exposure Control Plan</u>
Hydrofluoric acid	Working with HF	<input type="checkbox"/>	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD56 – Drilling Safety
Vehicles/driving	Accidents./fatigue/cell phone use	<input checked="" type="checkbox"/>	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	<input type="checkbox"/>	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip,trip, and falls/waste generation/environmental compliance/PPE	<input type="checkbox"/>	FLD59 - Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	<input type="checkbox"/>	Environmental Remediation Drilling Safety Guideline - 2005
Fatigue	Long work hours	<input checked="" type="checkbox"/>	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	<input type="checkbox"/>	FLD61 – Gasoline Contaminant Exposure

3. TASK BY TASK ASSESMENT

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.1 Task 1 Description

TASK 1: Waste source sampling/monitoring activities. Collect 6 samples from waste areas located in pits, dumps and stockpiles on-site.

EQUIPMENT REQUIRED/USED

Digital camera	Safety glasses	Soil/rock	MicroR meter	2-way radios
Logbook	Safety shoes	Sample containers	pancake G-M detector	

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L
What justifies risk level?
N/A

Physical

☒ Hazard Present Risk Level: ☐ H ☒ M ☒ L
What justifies risk level?
Slips, trips, falls; heat/cold stress, off-road access required. Driving will continue will be the greatest hazard for site activities as well as mobilizing to and from the site. Monitor daily weather forecasts for potential flash flooding in the area.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L
What justifies risk level?
Exposure to dogs, wild animals, insects, large domestic animals, and hantavirus in reclaimed mine areas. Elk and Bears have been spotted in areas north of jackpile mine.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☒ M ☐ L
What justifies risk level?
Former uranium mine and mining by products may be present in site areas. Radiation monitoring with the MicroR meter will be utilized to access the work areas.

LEVELS OF PROTECTION/JUSTIFICATION

Level D modified to include use of nitrile gloves for sampling activities

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.
FLD's 2, 6, 10, 11, 12, 20, 39, 41, 43, 43a, 44, 48, 49, 57, and 60

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.2 Task 2 Description

TASK 2: Surface water and sediment sampling and monitoring. Collect 39 water and/or sediment samples from the surface water pathways

EQUIPMENT REQUIRED/USED

Digital camera	Safety glasses	DI water	MicroR meter	2-way radios
Logbook	Safety shoes	Sample containers	pancake G-M	
Pens			detector	

POTENTIAL HAZARDS/RISKS

Chemical

☐ Hazard Present
What justifies risk level?
n/a

Risk Level: ☐ H ☐ M ☐ L

Physical

☒ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☒ M ☒ L

Slips/trips/falls, heat stress/cold stress, lifting, and exposure to the elements. Driving will continue will be the greatest hazard for site activities as well as mobilizing to and from the site. Monitor daily weather forecasts for potential flash flooding in the area.

Biological

☒ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☐ M ☒ L

Exposure to dogs, wild animals, insects, large domestic animals, and hantavirus in reclaimed mine areas. Elk and Bears have been spotted in areas north of jackpile mine.

RADIOLOGICAL

☒ Hazard Present
What justifies risk level?

Risk Level: ☐ H ☒ M ☐ L

Former uranium mines and mining byproducts may be present in site areas. Site has been reclaimed and residential sites are nearby with no symptoms noted of acute radiation exposures. Concentrations and doses are expected to be low. Radiation monitoring with the MicroR meter will be utilized to access the work areas.

LEVELS OF PROTECTION/JUSTIFICATION

Level D modified to include of nitrile gloves for sampling activities

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures.
FLD's 2, 6, 10, 11, 12, 20, 39, 41, 43, 43a, 44, 48, 49, 57, and 60

3.1 TASK-BY-TASK RISK ASSESSMENT	
3.1.3 Task 3 Description	
TASK 3:	
EQUIPMENT REQUIRED/USED	
POTENTIAL HAZARDS/RISKS	
Chemical	
<input type="checkbox"/> Hazard Present What justifies risk level? n/a	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Physical	
<input checked="" type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
Biological	
<input checked="" type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
RADIOLOGICAL	
<input checked="" type="checkbox"/> Hazard Present What justifies risk level?	Risk Level: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
LEVELS OF PROTECTION/JUSTIFICATION	
SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED	

3.2 PERSONNEL PROTECTION PLAN

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

Monitor radiation levels with microR meter to determine where samples should be collected and to verify that elevated radiation levels do not exceed 1,000 $\mu\text{R/hr}$.

1,2

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

1, 2

Safety boots, safety glasses.

Description of Levels of Protection

Level D

Task(s): 1, 2

☒ Head

☒ Eye and Face

safety glasses

☐ Hearing

☐ Arms and Legs Only

☒ Appropriate Work Uniform

☒ Hand – Gloves(nitrile)

Soil, and wipe sampling

☒ Foot - Safety Boots

☐ Fall Protection

☐ Flotation

☐ Other

Level D Modified

Task(s): 3

☐ Head

☐ Eye and Face

☐ Hearing

☐ Arms and Legs Only

☐ Whole Body

☐ Apron

☐ Hand - Gloves

☐ Gloves

☐ Gloves

☐ Foot - Safety Boots

☐ Over Boots

3.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B
Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand – Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Outer Boots <input type="checkbox"/> Boots (Other) <input type="checkbox"/> Half Face <input type="checkbox"/> Cart./Canister <input type="checkbox"/> Full Face <input type="checkbox"/> Cart./Canister <input type="checkbox"/> PAPR <input type="checkbox"/> Cart./Canister <input type="checkbox"/> Type C <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other	Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Whole Body <input type="checkbox"/> Apron <input type="checkbox"/> Hand - Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Outer Boots <input type="checkbox"/> Boots (Other) <input type="checkbox"/> SAR - Airline <input type="checkbox"/> SCBA <input type="checkbox"/> Comb. Airline/SCBA <input type="checkbox"/> Cascade System <input type="checkbox"/> Compressor <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other

4. MONITORING PROGRAM

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☐ Field Notebook ☐ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
<input checked="" type="checkbox"/> RAD	1, 2			<input type="checkbox"/>		
<input checked="" type="checkbox"/> GM (Pancake)		2		<input type="checkbox"/>		
<input checked="" type="checkbox"/> NaI (Micro R)		2		<input type="checkbox"/>		
<input type="checkbox"/> ZnS (Alpha Scintillator)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> PID				<input type="checkbox"/>		
<input type="checkbox"/> MiniRAE				<input type="checkbox"/>		
<input type="checkbox"/> MultiRAE (LEL/O2/H2S/CO/PID)				<input type="checkbox"/>		
<input type="checkbox"/> TVA 1000 (PID/FID)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> FID						
<input type="checkbox"/> TVA 1000 (FID/PID)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> PDR 1000 (Particulate)				<input type="checkbox"/>		
<input type="checkbox"/> Single Gas Meter (SGM)				<input type="checkbox"/>		
Specify Chemical:				<input type="checkbox"/>		
<input type="checkbox"/> Personal Sampling Pump				<input type="checkbox"/>		
Specify Media:				<input type="checkbox"/>		
<input type="checkbox"/> Bio-Aerosol Monitor				<input type="checkbox"/>		
<input type="checkbox"/> Detector Tube Pump:				<input type="checkbox"/>		
Specify (MSA, Dräger, Sensidyne)						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						
<input type="checkbox"/> Tubes/type: _____						

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments Calibration Record

[illegible]

4.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.

	Tasks	Action Level		Action
<input type="checkbox"/> Explosive atmosphere		Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
<input type="checkbox"/> Oxygen		Ambient Air Concentration	Confined Space Concentration	
		<19.5% O ₂	<19.5% O ₂	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O ₂	19.5% to 23.5% O ₂	Work may continue. Investigate changes from 21%.
		>25% O ₂	>23.5% O ₂	Work must stop. Ventilate area before returning.
<input checked="" type="checkbox"/> Radiation	1, 2	background to < 1,000 µR/hr		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1,000 µR/hr		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
<input type="checkbox"/> Organic gases and vapors				
<input type="checkbox"/> Inorganic gases, vapors, and particulates				

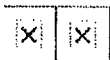
4.3 ACTION LEVELS

(Attach action level calculations)

Areas with external gamma levels $< 1,000 \mu\text{R/hr}$ allows work to continue for up to 100 hours without exceeding 100 mrem annual dose limit.

Uranium 238	230 mg/kg
Radium 226	2.5 pCi/gram
Radon	4 pCi/L

5. HOSPITAL INFORMATION



MAPQUEST

Notes

Trip to 1016 E Roosevelt Ave

Grants, NM 87020-2118

33.81 miles - about 34 minutes

★ Laguna, NM

1. Start out going **NORTHEAST** toward **LAGUNA TRIBAL RD.**

go 0.0 mi

2. Turn **RIGHT** onto **LAGUNA TRIBAL RD.**

go 0.0 mi

3. Turn **RIGHT** onto **NM-124 E / ROUTE 66.**

go 0.5 mi

4. Merge onto **I-40 W** toward **GALLUP.**

go 28.8 mi

5. Take the **I-40-BL** exit, **EXIT 85**, toward **NM-547 / GRANTS / MT. TAYLOR.**

go 0.5 mi

6. Merge onto **I-40 BL W / E SANTA FE AVE / ROUTE 66.**

go 2.3 mi

7. Turn **RIGHT** onto **NM-547 N / 1ST ST.**

go 0.9 mi

8. Turn **SLIGHT RIGHT** onto **NM-547 / ROOSEVELT AVE.**
Continue to follow **ROOSEVELT AVE.**

go 0.8 mi

9. **1016 E ROOSEVELT AVE** is on the **LEFT.**

go 0.0 mi

★ 1016 E Roosevelt Ave, Grants, NM 87020-2118

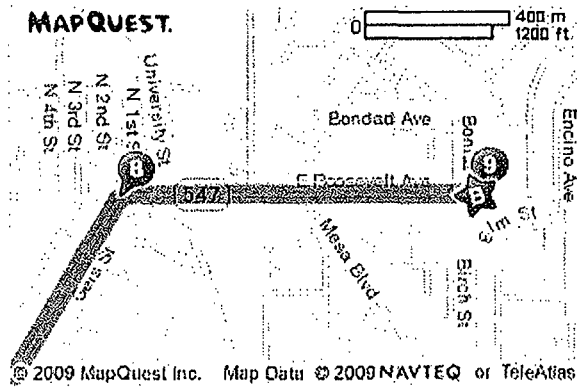
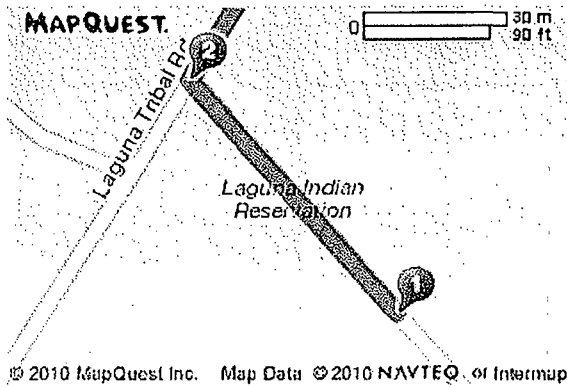
Total Travel Estimate : 33.81 miles - about 34 minutes

Start Map [Hide](#)

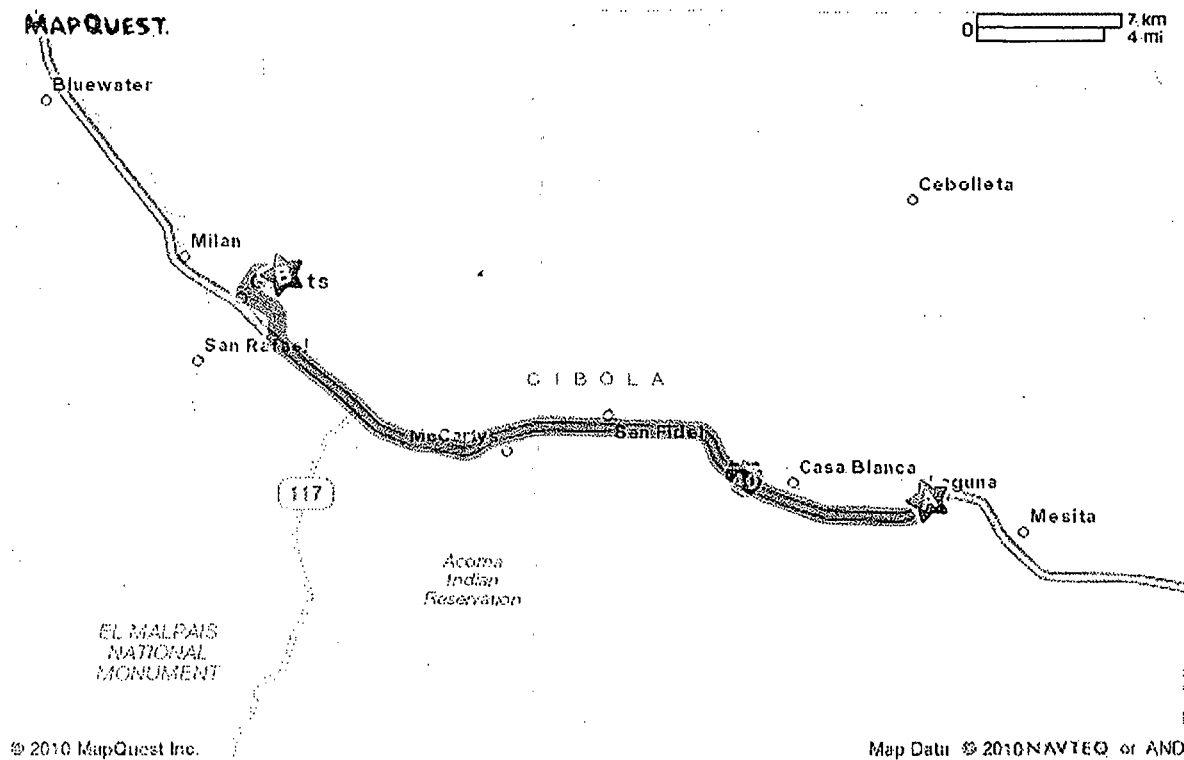
A: Laguna, NM

End Map [Hide](#)

B: 1016 E Roosevelt Ave, Grants, NM 87020-2118



Route Map [Hide](#)



[All rights reserved. Use subject to License/Copyright](#) | [Map Legend](#)

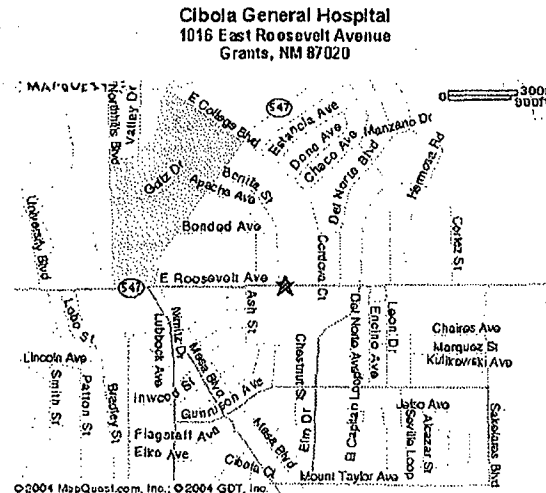
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Map and Driving Directions



Brought to you by MapQuest!

Click on the map to navigate. Map navigation will open in a new window; to return to this site, close the window.

Get Driving Directions To Cibola General Hospital

Directions will open in a new window; to return to this site, close the window

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Cibola General Hospital
 1016 East Roosevelt Avenue
 Grants, NM 87020
 Phone: (505) 287-4446

5.1 CONTINGENCIES

5.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
WorkCare WESTON Medical Director WorkCare WESTON Program Administrator	Dr. Peter Greaney Michelle Bui	From 6 am to 4:30 pm Pacific Time call 800-455-6155 dial 0 or extension 175, Michelle Bui to request the on-call clinician.
After-Business Hours Contact (In Case of Emergency Only)		4:31 p.m. – 5:59 a.m. Pacific Time, all day Saturday, Sunday and Holidays call 800-455-6155 Dial 3 to reach the after-hours answering service. Request that the service connect you with the on-call clinician or the on-call clinician will return your call within 30 minutes.
WESTON Corporate Environmental Health & Safety Director	Owen Douglass, Jr.	610.701.3065 610.506.5392 (cell)
WESTON Medical Programs Manager	Owen Douglass, Jr.	760.603.9910
WESTON Health & Safety Division Safety Manager	James E. "Jim" Davis	251-602-1898 334-319-0380 (cell)
WESTON Health & Safety Local Safety Officer	Mike Staurt	505-837-6536
Fire Department	Grants, Cibola Co., New Mexico Fire Dept.	911
Police Department	Grants, Cibola Co., New Mexico Police Dept.	911
WESTON FSO Cell Phone	Michelle Brown	972-977-2644
WESTON PM Cell Phone	Michelle Brown	972-977-2644
Client Site Phone	Brenda Cook	214 680 9776
Site Telephone		
Nearest Telephone	Pagualte Superette	
Poison Control		(800) 222-1222

Local Medical Emergency Facility(s)

Name of Hospital: Acoma-Canoncito- Laguna Hospital		
Address: Exit 102 I-40, San Fidel, NM 87049		Phone No.: 505-552-5300
Name of Contact: ER		Phone No.:
Type of Service: <input checked="" type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital: (See Attached) Take I-40 west towards Grants - exit 102	Travel time from site: 40 minutes Distance to hospital: 23.9 miles Name/no. of 24-hr ambulance service: 911

Secondary or Specialty Service Provider

Name of Hospital: Cibola General Hospital		
Address: 1016 East Roosevelt Avenue Grants, NM 87020		Phone No.: 505-287-4446
Name of Contact:		Phone No.:
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital (see attached):	Travel time from site: 50 minutes Distance to hospital: 45 miles Name/no. of 24-hr ambulance service: /

See reporting an incident in Attachment F.

5.1.2 Hospital Map

(Attach hospital map and directions)

5.1 CONTINGENCIES

5.1.3 Response Plans

Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination.		First Aid Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type Standard 20-man and infection control kit	Location In Vehicle	Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Blood Borne Pathogens Kit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Eyewash required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
		Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	
Plan for Response to Spill/Release		Plan for Response to Fire/Explosion			Fire Extinguishers
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher <u>only if safe and trained</u> in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location ABC/Vehicle / / / / / /	
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)		Location	
Plan to Respond to Security Problems Project leader, Michelle Brown, will be informed of issues of security problems arising.					

6. DECONTAMINATION PLAN

6.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐

Level B

☐

Level C

☒

Level D modified

Modifications include:

nitrile gloves

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

Waste generated during soil and wipe sampling activities will be scanned with radiation detectors, placed into contractor grade garbage bags and disposed in municipal waste receptacles as long as radiation levels do not exceed 3X background.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

Soils on work boots will be dislodged and left on work site.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

Dry decontamination will be conducted on equipment and disposable sampling equipment will be used.

6.2 LEVEL D Modified DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input checked="" type="checkbox"/> Segregated equipment drop	PPE will be disposed in contractor grade trash bags.
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input type="checkbox"/> Boot cover removal	
<input type="checkbox"/> Outer glove removal	

HOTLINE

- ☐ Suit/safety boot wash
- ☐ Suit/boot/glove rinse
- ☐ Safety boot removal
- ☐ Suit removal
- ☐ Inner glove wash
- ☐ Inner glove rinse
- ☐ Inner glove removal
- ☐ Inner clothing removal

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

- ☐ Field wash
- ☐ Redress

Disposal Plan, End of Day:

Consolidate used PPE in contractor grade trash bags and seal with duct tape.

Disposal Plan, End of Week:

Consolidate used PPE in contractor grade trash bags and seal with duct tape and place in municipal trash container.

Disposal Plan, End of Project:

Consolidate used PPE in contractor grade trash bags and seal with duct tape and place in municipal trash container.

7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

<input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 l	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards, HASP Form 07	<input type="checkbox"/> Level B
<input type="checkbox"/> Chemical hazards, HASP Form 04	<input type="checkbox"/> Level C
<input type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D modified
<input type="checkbox"/> Etiologic (infectious) agents	<input type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input type="checkbox"/> Site control, 29 CFR 1910.120 d	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input checked="" type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Heavy machinery	<input type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input checked="" type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Equipment	<input type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input type="checkbox"/> Tools	<input type="checkbox"/> Opening drums and containers
<input type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	<input type="checkbox"/> Electrical material handling equipment
<input checked="" type="checkbox"/> Overhead and underground utilities	<input checked="" type="checkbox"/> Radioactive hazards and waste handling
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input type="checkbox"/> Structural integrity	<input type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input type="checkbox"/> Sampling drums and containers
<input type="checkbox"/> Pressurized air cylinders	<input checked="" type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input type="checkbox"/> Tank and vault procedures
<input type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input checked="" type="checkbox"/> Illumination, 29 CFR 1910.120 (m)
<input type="checkbox"/> Working over water FLD-19	<input type="checkbox"/> Sanitation, 29 CFR 1910.120 (n)
<input type="checkbox"/> Boating safety FLD-18	<input type="checkbox"/>
<input type="checkbox"/> Heat Stress	<input type="checkbox"/>
<input checked="" type="checkbox"/> Proper lifting techniques	<input type="checkbox"/>

7.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM	
Site Name: Jackpille Mine Site Investigation	WO#: 20406.012.019.0514.01
Address: Near Pagate, Cibola County, New Mexico	
I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).	

WO#: 20406.012.019.0514.01

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Date _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

Insert sheets on following page.

**ATTACHMENT B
MATERIAL SAFETY DATA SHEETS**

(ATTACH MSDS)

Insert documents on following page.

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES (FLD OPS)

Insert documents on following page.

ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☐ Site or other location name/address: Jackpile Mine Site Investigation
- ☐ Site/Project/Location Manager: Michelle Brown
- ☐ Site/Location Safety Officer: Michelle Brown
- ☐ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☐ Location of MSDS files: HASP
- ☒ Training conducted by: Name: Robert Schoenfelder Date: _____
- ☐ Indicate format of training documentation: ☒ Field Log ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: _____
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

Material Safety Data Sheets (MSDSs)

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals and radiation levels present at the work site.
- Physical and health risks of the hazardous chemicals and radioactive materials present.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals or radiation.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals and radiativ materials in the site work areas.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Nonroutine Tasks

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

ATTACHMENT E
AIR SAMPLING DATA SHEETS

SITE AIR MONITORING PROGRAM

Field Data Sheets

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

AIR MONITORING/SAMPLING DATA LOG

Client:		W.O. No.:		Sample No.:	
Address:		Sampled By:		Date:	
Employee and Location Information					
Employee Name:		Employee No.:		Job Title:	
Respirator <input type="checkbox"/> APR <input type="checkbox"/> 1/2 Mask <input type="checkbox"/> Full Face <input type="checkbox"/> PAPR <input type="checkbox"/> 1/2 Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SAR <input type="checkbox"/> 1/2 Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Hood <input type="checkbox"/> SCBA		Manufacturer:		Cartridge Type:	
PPE: <input type="checkbox"/> Hard Hat <input type="checkbox"/> HPD <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Coveralls <input type="checkbox"/> Other:					
Sampling Data					
Sampling Type: <input type="checkbox"/> Personal <input type="checkbox"/> TWA <input type="checkbox"/> STEL <input type="checkbox"/> Area <input type="checkbox"/> Source <input type="checkbox"/> Full Shift <input type="checkbox"/> Partial Shift <input type="checkbox"/> Grab		Media:		Pump Type/Serial No.:	
Calibrator/Serial No.:		Pre-Calibration: 1. 2. 3. avg-pre:		Post-Calibration: 1. 2. 3. avg-post:	
Start Time:	Restart Time:	Restart Time:	Avg. Flowrate:	% Change:	
1 st Stop Time:	2 nd Stop Time:	3 rd Stop Time:	Total Time:	Volume:	
Multiple Samples for this TWA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Multiple Chemical Exposures: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exposure Time: <input type="checkbox"/> Normal <input type="checkbox"/> Worst Case	
Sampling Conditions					
Weather Conditions: Temp: R.H: B.P.: Other:					
Engineering Controls:					
Substances Evaluated					
Substance	Result	Substance	Result	Substance	Result
Observations and Comments					

QA by: _____

Date: _____

ATTACHMENT F
INCIDENT REPORTING

Welcome to NOITrack - Windows Internet Explorer

http://prdnet/noitrack/IncidentInfo.aspx

File Edit View Favorites Tools Help

Go: Search Bookmarks Check AutoFill Sign In

Welcome to NOITrack: Page Tools

NOITrack

Open NOI's Search Add New Incident Reports Admin Help Blog

Incident Info	Individual Data	Investigation	File Attachment
<input type="checkbox"/> Near Incident			
Fields marked with * are required			
Security <input type="checkbox"/> Threat or Intimidation <input type="checkbox"/> Act of Violence <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Violation of Company or Government Security Requirements <input type="checkbox"/> Other Security	Safety <input type="checkbox"/> Vehicle <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Exposure <input type="checkbox"/> Other Safety	Computer <input type="checkbox"/> Computer/Technology <input type="checkbox"/> Other	Other <input type="checkbox"/> Environmental <input type="checkbox"/> Property/Equipment Damage <input type="checkbox"/> Regulatory Agency <input type="checkbox"/> Other
Was this a single event or the latest in a series(describe)? <input type="text"/>			
Note: This description is limited to 255 characters. If more information is required, add the information in the submitted description.			
Date of Incident: <input type="text"/>		<input type="checkbox"/> Unknown Date	
Time of Incident: <input type="text"/>		<input type="checkbox"/> Unknown Time	

Done Local intranet 100%

Please go to NOITrack using the following link to complete incident reporting. If you are in the field and do not have access to NOITrack, please contact someone in your office to do the reporting for you.

<http://prdnet/noitrack/IncidentInfo.aspx>

Questions can be directed to Susan Hipp-Ludwick at 610.701.3046 or Matt Dillon at 610.701.3667

ATTACHMENT G
AHA CHECKLIST AND ENVIRONMENTAL COMPLIANCE

HAZARD CHECKLIST Site Manager/EHS Officer: Date: Jackpile Mine Site Investigation Location: Near Paguate, Cibola County, New Mexico Address:						Task Team (name or reference via daily sign-in sheet)			
HAZARDS IDENTIFIED (check those applicable)									
	Chemical		Biological		Physical		Aerial lifts		Remote Areas
<input type="checkbox"/>	Flammable/combustible	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Man. Material Handling	<input type="checkbox"/>	Materials handling
<input type="checkbox"/>	Corrosive	<input checked="" type="checkbox"/>	Animals	<input type="checkbox"/>	Heat	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	High Pressure Washers
<input type="checkbox"/>	Oxidizer	<input type="checkbox"/>	Plants	<input checked="" type="checkbox"/>	Cold	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Hand and Power Tools
<input type="checkbox"/>	Reactive	<input type="checkbox"/>	Mold/Fungus	<input checked="" type="checkbox"/>	Inclement Weather	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	Low Illumination
<input type="checkbox"/>	Toxic	<input type="checkbox"/>	Viral/Bacterial	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	Welding/Cutting/Burn	<input type="checkbox"/>	Drilling & Boring
<input checked="" type="checkbox"/>	Inhalation	<input type="checkbox"/>	Density Gauges	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Hot Surfaces	<input type="checkbox"/>	Striking against/Struck-by
<input checked="" type="checkbox"/>	Eyes/Skin	<input checked="" type="checkbox"/>	Radiological	<input type="checkbox"/>	Stored hazardous Energy	<input type="checkbox"/>	Hot Materials	<input type="checkbox"/>	Caught-in/Caught between
<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	Ultra-Violet	<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Rough Terrain	<input type="checkbox"/>	Pushing/pulling
<input type="checkbox"/>	Carcinogen	<input type="checkbox"/>	Sunlight	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Compressed Gases	<input type="checkbox"/>	Falls at same level
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Infrared	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Hazardous Mat. Storage	<input type="checkbox"/>	Falls from elevation
<input type="checkbox"/>	Lead	<input type="checkbox"/>	Lasers	<input type="checkbox"/>	Mobile equipment	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Repetitive motion
<input type="checkbox"/>	UXO/OE/ CWM	<input type="checkbox"/>	XRF	<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Operation of Boats	<input type="checkbox"/>	High (>110v) Electricity
<input type="checkbox"/>	Process Safety	<input type="checkbox"/>	Isotopes	<input type="checkbox"/>	Manual Material Handling	<input type="checkbox"/>	Working Over Water	<input type="checkbox"/>	Slippery surface Ice/Snow
<input type="checkbox"/>	Applying Paint/Coatings	<input type="checkbox"/>		<input type="checkbox"/>	Ladders	<input type="checkbox"/>	Traffic	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Site Security	<input type="checkbox"/>	
REQUIRED PROTECTION (check those applicable)									
	Engineering Controls		Administrative Control		PPE			Contingency	
<input type="checkbox"/>	Guard Rails	<input type="checkbox"/>	Qualified for task	<input type="checkbox"/>	Air Supplying Respirator	<input type="checkbox"/>	Tyvek coveralls	<input checked="" type="checkbox"/>	Emergency Signal Known
<input type="checkbox"/>	Machine Guards	<input checked="" type="checkbox"/>	Trained/Certified	<input type="checkbox"/>	Air Purifying Respirator	<input type="checkbox"/>	Coated Coveralls	<input checked="" type="checkbox"/>	Eye wash/shower Location
<input type="checkbox"/>	Sound Barriers	<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>	SCBA	<input type="checkbox"/>	Welding leathers	<input checked="" type="checkbox"/>	First Aid Kit Location
<input type="checkbox"/>	Enclosure	<input type="checkbox"/>	CSE Permit	<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	CWM	<input checked="" type="checkbox"/>	Fire Extinguisher Location
<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Lockout/Tag Out	<input type="checkbox"/>	Ear Plugs	<input checked="" type="checkbox"/>	Safety Shoes/Boots	<input type="checkbox"/>	Spill Kit Location
<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	Ear Muffs	<input type="checkbox"/>	Rubber Boots	<input checked="" type="checkbox"/>	Severe weather shelter
<input type="checkbox"/>	GFCI	<input type="checkbox"/>	Dig Safe Permit	<input checked="" type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>	Evacuation Routes
<input type="checkbox"/>	Assured Ground Program	<input type="checkbox"/>	Contingency Plan	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Cooling Suits		
<input type="checkbox"/>	Apply Anti-slip/skid Mat	<input type="checkbox"/>	Critical Lift Plans	<input type="checkbox"/>	Chemical Goggles	<input type="checkbox"/>	Ice Vests		
		<input type="checkbox"/>	Equip. Inspection Sheets	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	Radiant heat Suits		
				<input type="checkbox"/>	Thermal Shield	<input type="checkbox"/>	Fall Arrest		
				<input type="checkbox"/>	Welding Mask	<input type="checkbox"/>	PFD		
				<input type="checkbox"/>	Cutting Glasses	<input type="checkbox"/>	Electrical insulation		
Any Modification to Tasks (list)			Other tasks or activities that may affect my activity			Reasons for any changes indicated above			

Environmental Compliance Considerations:

<input type="checkbox"/>	Generation of Hazardous Waste*	<input type="checkbox"/>	→Waste Identification & Manifesting - Marking, Placarding, Labeling
<input checked="" type="checkbox"/>	Generation of Investigation Derived Waste*	<input type="checkbox"/>	→Training & Licensing for Use of Radioactive Materials/Sources
<input type="checkbox"/>	Treatment, Storage, or Disposal of Hazardous Waste*	<input type="checkbox"/>	→ Containers: dated, labeled, closed, full, stored less than 90 days
<input type="checkbox"/>	Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil*	<input type="checkbox"/>	→ Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity, flammables, solvents or explosives
<input type="checkbox"/>	Disturbing of Asbestos Containing Materials (ACM)*	<input type="checkbox"/>	→Training & Licensing for Asbestos Remediation Activities
<input type="checkbox"/>	Application of Pesticides or Herbicides*	<input type="checkbox"/>	
<input type="checkbox"/>	Work on Above or Under-ground Storage Tanks*	<input type="checkbox"/>	
<input type="checkbox"/>	Transportation, Storage or Disposal of Radioactive Material*	<input type="checkbox"/>	
<input type="checkbox"/>	Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*	<input type="checkbox"/>	
<input type="checkbox"/>	Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems.	<input type="checkbox"/>	
<input type="checkbox"/>	Shipment of Hazardous Waste off-site*	<input type="checkbox"/>	
	Shipment of Samples in accordance with DOT/IATA		

* Indicates need for an environmental compliance plan. (See Decon section of HASP area)

ATTACHEMNT H AUDIT FORMS

Insert documents on following page.

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

Project Name: _____

Inspector: _____

Submit to: _____

Date: _____

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

THE WESTON SITE APPEARANCE

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is the site secured to prevent inadvertent, unnecessary, or unauthorized access? Are gates closed and locked at any time that the access point is not occupied or visible to site workers?	
<input type="checkbox"/>	<input type="checkbox"/>	Are access points posted with signs to indicate client and end-user client name, WESTON's name and logo, names of other contractors and sub-contractors, project name and location, and appropriate safety messages?	
<input type="checkbox"/>	<input type="checkbox"/>	Are required postings in place (e.g., Labor Poster, Emergency Phone Numbers, Site Map, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Are site trailers tied down per local code and provided with stairs that have a landing platform with guard and stair railings?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Site Safety file system established in the office to maintain records required by applicable safety regulations	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Health and Safety Plan (HASP) or Accident Prevention Plan (APP) amended as scope of work changes, hazards are discovered or eliminated or if risk change?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Site Safety Plan and the Safety Officers Field Manual on site?	
<input type="checkbox"/>	<input type="checkbox"/>	Is new employee indoctrination provided?	
<input type="checkbox"/>	<input type="checkbox"/>	Have site Rules been provided, discussed and signed off on by all employees	
<input type="checkbox"/>	<input type="checkbox"/>	Incident Reporting procedure explained to all?	
<input type="checkbox"/>	<input type="checkbox"/>	Is site management trained in the WESTON (and client as applicable) Incident Reporting system?	
<input type="checkbox"/>	<input type="checkbox"/>	Are NOI and Supplemental Report forms and OSHA 300 Log available on site?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Site Management aware of the Case Management and Incident Investigation Procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a list of preferred provider medical facilities available?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the "Inspection By A Regulatory Agency" procedure been reviewed by all site management?	
<input type="checkbox"/>	<input type="checkbox"/>	Will Competent Persons be required because of activities to be performed, equipment to be used or hazards to be encountered?	

POLICIES

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Each individual employee is aware that he or she responsible for complying with applicable safety requirements, wearing prescribed safety equipment and preventing avoidable accidents.	
<input type="checkbox"/>	<input type="checkbox"/>	Do employees understand that they will wear clothing suitable for existing weather and work conditions and the minimum work uniform will include long pants, sleeved work shirts, protective footwear, hard hat, and safety glasses unless otherwise specified via the HASP.	
<input type="checkbox"/>	<input type="checkbox"/>	Are employees provided safety and health training to enable them to perform their work safely? Is all training documented to indicate the date of the session, topics covered, and names of participants?	
<input type="checkbox"/>	<input type="checkbox"/>	Safety meetings are conducted daily. The purpose of the meetings are to review past activities, review pertinent tailgate safety topics and establish safe working procedures for anticipated hazards encountered during the day.	
<input type="checkbox"/>	<input type="checkbox"/>	Training has been provided to all personnel regarding handling of emergency situations that may arise from the activity or use of equipment on the project.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees/contractors are informed and understand that they may not be under the influence of alcohol, narcotics, intoxicants or similar mind-altering substances at any time. Employees found under the influence of or consuming such substances will be immediately removed from the job site.	
<input type="checkbox"/>	<input type="checkbox"/>	Site workers and operators of any equipment or vehicles are able to read and understand the signs, signals and operating instructions of their use.	
<input type="checkbox"/>	<input type="checkbox"/>	Have contractors performing work provided copies of relevant documentation (such as medical fit-for-duty, training certificates, fit-tests, etc.) prior to initiation of the project?	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

SANITATION

29 CFR 1926 Subparts C, D. EM 385-1-1, Section 2

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is an adequate supply of drinking water provided. Is potable/drinking water labeled as such? Are there sufficient drinking cups provided?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a sufficient number of toilets?	
<input type="checkbox"/>	<input type="checkbox"/>	Are washing facilities readily available and appropriate for the cleaning needs?	
<input type="checkbox"/>	<input type="checkbox"/>	Are washing facilities kept sanitary with adequate cleansing and drying materials?	
<input type="checkbox"/>	<input type="checkbox"/>	Waste is secured so as not to attract rodents, insects or other vermin?	
<input type="checkbox"/>	<input type="checkbox"/>	Is an effective housekeeping program established and implemented?	

ACCIDENT PREVENTION SIGNS, TAGS, LABELS, SIGNALS, AND PIPING SYSTEM IDENTIFICATION

29 CFR 1926 Subpart G. EM 385-1-1, Section 8

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are signs, tags, and labels provided to give adequate warning and caution of hazards and instruction/directions to workers and the public?	
<input type="checkbox"/>	<input type="checkbox"/>	Are all employees informed as to the meaning of the various signs, tags and labels used in the workplace and what special precautions are required?	
<input type="checkbox"/>	<input type="checkbox"/>	Are construction areas posted with legible traffic signs at points of hazard?	
<input type="checkbox"/>	<input type="checkbox"/>	Are signs required to be seen at night lighted or reflectorized?	
<input type="checkbox"/>	<input type="checkbox"/>	Tags contain a signal word ("danger" or "caution") and a major message to indicate the specific hazardous condition or the instruction to be communicated to the employee. Tags follow requirements as outlined in 29 CFR 1926.200.	

MEDICAL SERVICES AND FIRST AID

29 CFR 1926 Subparts C, D. EM 385-1-1, Section 3

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is a local medical emergency facility (LMEF) identified in the HASP or APP?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the LMEF been visited to verify the directions and establish contacts?	
<input type="checkbox"/>	<input type="checkbox"/>	Has site management reviewed WESTON's incident management procedures?	
<input type="checkbox"/>	<input type="checkbox"/>	Have clinics and specialists that will help WESTON manage injuries and illnesses been identified?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there at least two (2) people certified in First Aid and CPR?	
<input type="checkbox"/>	<input type="checkbox"/>	Are first aid kits available at the command post and appropriate remote locations?	
<input type="checkbox"/>	<input type="checkbox"/>	Are first Aid Kits and Eyewash/Safety Showers inspected weekly?	
<input type="checkbox"/>	<input type="checkbox"/>	Are 15 minute eyewash/safety showers in place if required.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

FIRE PREVENTION AND PROTECTION 29 CFR 1926 Subpart F. EM 385-1-1, Section 9

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is an Emergency Response and Contingency Plan in place?	
<input type="checkbox"/>	<input type="checkbox"/>	Are emergency phone numbers posted?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers selected and provided based on the types of materials and potential fire classes in each area.	
<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers provided in each administrative and storage trailer, within 50 ft but no closer than 25 ft of any fuel or flammable liquids storage, on welding and cutting equipment, on mechanical equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fire extinguishers checked daily and inspected monthly?	
<input type="checkbox"/>	<input type="checkbox"/>	Do site personnel know the location of fire extinguishers and how to use them?	
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable and combustible liquids stored in approved containers?	
<input type="checkbox"/>	<input type="checkbox"/>	Safety cans are used for dispensing flammable or combustible liquids in 5 gallon or less volumes.	
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable and combustible liquids stored in flammable storage cabinets or appropriate storage areas?	
<input type="checkbox"/>	<input type="checkbox"/>	Are flammable materials separated from oxidizers by at least 20 feet (or 5 foot tall, ½ -hour rated fire wall) when in storage?	
<input type="checkbox"/>	<input type="checkbox"/>	Are fuel storage tanks double walled or placed in a lined berm?	
<input type="checkbox"/>	<input type="checkbox"/>	Spills are cleaned up immediately and wastes are disposed of properly.	
<input type="checkbox"/>	<input type="checkbox"/>	Combustible scrap, debris and waste material (oily rags) are stored in closed metal containers and disposed of promptly.	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle fueling tanks are grounded and bonding between the tank and vehicle being fueled is provided?	
<input type="checkbox"/>	<input type="checkbox"/>	LPG is stored, handled and used according to OSHA regulations 29 CFR 1926.	
<input type="checkbox"/>	<input type="checkbox"/>	LPG cylinders are not stored indoors.	
<input type="checkbox"/>	<input type="checkbox"/>	Is a hot work permit program in place? See WESTON FLD-36	
<input type="checkbox"/>	<input type="checkbox"/>	Is smoking limited to specific areas, prohibited in flammable storage areas and are signs posted to this effect?	

HAZARDOUS SUBSTANCES, AGENTS AND ENVIRONMENTS 29 CFR 1926 Subparts D, Z. EM 385-1-1, Sections 6, 28

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are operations, materials and equipment evaluated to determine the presence of hazardous contaminants or if hazardous agents could be released in the work environment?	
<input type="checkbox"/>	<input type="checkbox"/>	Are MSDS for substances made available at the work-site when any hazardous substance is procured, used, or stored?	
<input type="checkbox"/>	<input type="checkbox"/>	Are all containers and piping containing hazardous substances labeled appropriately?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there an inventory of hazardous substances?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a site Specific Hazard Communication Program?	
<input type="checkbox"/>	<input type="checkbox"/>	Spill kits appropriate for the hazardous materials present are on site and their location is known to spill responders.	
<input type="checkbox"/>	<input type="checkbox"/>	Is disposal of excess hazardous chemicals performed according to WESTON's guidelines and RCRA regulations.	
<input type="checkbox"/>	<input type="checkbox"/>	Before initiation of activities where there is an identified asbestos or lead hazard, is there a written plan detailing compliance with OSHA and EPA asbestos or lead abatement requirements? Does the plan comply with state and local authority, and USACE requirements, as applicable?	
<input type="checkbox"/>	<input type="checkbox"/>	Are personnel trained and provided with protection against hazards from animals, poisonous plants and insects?	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

PERSONAL PROTECTIVE AND SAFETY EQUIPMENT, RESPIRATORY AND FALL PROTECTION
29 CFR 1926 Subparts D, E, M. EM 385-1-1, Section 5

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Do employees understand that the minimum PPE is hard hat, safety glasses with side shields and safety shoes or boots and that long pants and a sleeved shirt are required?	
<input type="checkbox"/>	<input type="checkbox"/>	Has the SSHC reviewed the PPE requirements in the HASP against actual site conditions and certified that the PPE is appropriate? (see Field Manual, PPE Program)	
<input type="checkbox"/>	<input type="checkbox"/>	PPE is inspected, tested and maintained in serviceable and sanitary condition as recommended by the manufacturer. Is defective or damaged equipment taken out of service and repaired or replaced?	
<input type="checkbox"/>	<input type="checkbox"/>	Are workers trained in the use of the PPE required?	
<input type="checkbox"/>	<input type="checkbox"/>	Are personnel exposed to vehicular or equipment traffic, including signal persons, spotters or inspectors required to vests or apparel marked with a reflective or high visibility material?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a noise hazard? If yes, hearing protection will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a splash or splatter hazard? Face shields or goggles will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Will personnel be working in or over water? Personnel Floatation devices will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a welding hazard? Welding helmet and leathers will be required. Is there a cutting torch hazard? Goggles and protective clothing will be required.	
<input type="checkbox"/>	<input type="checkbox"/>	Is each person on a walking/working surface with an unprotected side or edge which is 6 feet (1.8 m) or more above a lower level protected from falling by the use of guardrail systems, safety net systems or personal fall arrest systems? See WESTON FLD 25 (Note General Industry standard is four feet).	
<input type="checkbox"/>	<input type="checkbox"/>	Guardrail systems are used as primary protection whenever feasible. Guardrail construction meets criteria in 29 CFR 1926.502(b).	
<input type="checkbox"/>	<input type="checkbox"/>	Personal fall arrest systems (PFAS) are inspected and appropriate for use.	
<input type="checkbox"/>	<input type="checkbox"/>	Ropes and straps (webbing) used in lanyards, lifelines, and strength components of body belts and body harnesses are from synthetic fibers.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety nets and safety net installations are constructed, tested and used according to 29 CFR 1926.502.c	
<input type="checkbox"/>	<input type="checkbox"/>	Is respirator use required? See WESTON Respiratory Protection Program	
<input type="checkbox"/>	<input type="checkbox"/>	Persons using respiratory protection have been successfully medically cleared, trained and fit tested.	
<input type="checkbox"/>	<input type="checkbox"/>	Respirators are used according to the manufacturer's instructions, regulatory requirements, selection criteria and health and safety plan provisions.	
<input type="checkbox"/>	<input type="checkbox"/>	For Level C operations with organic vapor contamination, is the cartridge change-out schedule documented?	
<input type="checkbox"/>	<input type="checkbox"/>	Is breathing certified as Grade D, or better, and certification available on-site?	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

MACHINERY AND MECHANIZED EQUIPMENT
29 CFR 1926 Subparts N, O. EM 385-1-1, Sections 16, 17, 18

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are inspections of machinery by a competent person established?	
<input type="checkbox"/>	<input type="checkbox"/>	Is equipment inspected daily before its next use?	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment inspection reports are reviewed, followed-up on negative findings and records of inspections are maintained?	
<input type="checkbox"/>	<input type="checkbox"/>	Machinery or equipment found to be unsafe is taken out of service until the unsafe condition has been corrected.	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a preventive maintenance program established?	
<input type="checkbox"/>	<input type="checkbox"/>	Are operators of equipment qualified and authorized to operate?	
<input type="checkbox"/>	<input type="checkbox"/>	Is all self-propelled construction and industrial equipment equipped with a reverse signal alarm?	
<input type="checkbox"/>	<input type="checkbox"/>	Are seats or equal protection provided for each person required to ride on equipment. Are seatbelts installed and worn on motor vehicles, as appropriate.	
<input type="checkbox"/>	<input type="checkbox"/>	All equipment with windshields is equipped with powered wipers. If fogging or frosting is possible, operable defogging or defrosting devices are required.	
<input type="checkbox"/>	<input type="checkbox"/>	Internal combustion engines are not operated in enclosed areas unless adequate ventilation are made. Air monitoring is conducted to assure safe working conditions.	
<input type="checkbox"/>	<input type="checkbox"/>	Is each bulldozer, scraper, dragline, crane, motor grader, front-end loader, mechanical shovel, backhoe, or similar equipment equipped with at least one dry chemical or carbon dioxide fire extinguisher with a minimum rating of 5-B:C?	
<input type="checkbox"/>	<input type="checkbox"/>	Will cranes or other lifting devices be used? If so, are the following documents available on site: 1) a copy of the operating manual, 2) load rating chart, 3) log book, 4) a copy of the last annual inspection and 5) the initial on-site inspection?	
<input type="checkbox"/>	<input type="checkbox"/>	Do operators have certificates of training to operate the type of crane(s) to be used?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a signal person provided when the point of operation is not in full view of the vehicle, machine or equipment operator? When manual (hand) signals are used, is only one person designated to give signals to the operator?	
<input type="checkbox"/>	<input type="checkbox"/>	Signal persons back one vehicle at a time. While under the control of a signal person, drivers do not back or maneuver until directed. Drivers stop if contact with the signal person is lost.	
<input type="checkbox"/>	<input type="checkbox"/>	Is a critical lift plan prepared by a competent person whenever: a lift is not routine, or a lift exceeds 75% of a crane's capacity, a lift results in the load being out of the operator's line of sight, or a lift involves more than one crane, a man basket is used, or the operator believes there is a need for a critical lift plan.	
<input type="checkbox"/>	<input type="checkbox"/>	Fork Lifts (Powered Industrial Trucks) - Will forklifts be used on site?	
<input type="checkbox"/>	<input type="checkbox"/>	All fork lifts meet the requirements of design, construction, stability, inspection, testing, maintenance and operation as indicated in ANSI/ASME B56.1 Safety Standards for Low Lift and High Lift Trucks.	
<input type="checkbox"/>	<input type="checkbox"/>	Do forklift operators have certificates of training?	
<input type="checkbox"/>	<input type="checkbox"/>	Are pile driving operations conducted according to EM 385-1-1, Section 16.L?	
<input type="checkbox"/>	<input type="checkbox"/>	Is drilling equipment operated, inspected, and maintained as specified in the manufacturer's operating manual? Is a copy of the manual available at the work-site? See also the Drilling Safety Guide in the Safety Officers Field Manual.	
<input type="checkbox"/>	<input type="checkbox"/>	Are flag persons provided when operations or equipment on or near a highway expose workers to traffic hazards? Do flag persons and persons working in proximity to a road wear high visibility vests? Are persons exposed to highway vehicle traffic protected by signs in all directions warning of the presence of the flag persons and the work? Do signs and distances from the work zone conform to federal and local regulations?	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

MOTOR VEHICLES 29 CFR 1926 Subpart O. EM 385-1-1, Section 18

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Motor vehicle operators have a valid permit, license, or certification of ability for the equipment being operated.	
<input type="checkbox"/>	<input type="checkbox"/>	Inspection, maintenance and repair is according to manufacturer's requirements by qualified persons.	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicles are inspected on a scheduled maintenance program.	
<input type="checkbox"/>	<input type="checkbox"/>	Vehicles not in safe operating condition are removed from service until defects are corrected.	
<input type="checkbox"/>	<input type="checkbox"/>	Glass in windshields, windows, and doors is safety glass. Any cracked or broken glass is replaced.	
<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts are installed and worn.	
<input type="checkbox"/>	<input type="checkbox"/>	The number of passengers in passenger-type vehicles does not exceed the number which can be seated.	
<input type="checkbox"/>	<input type="checkbox"/>	Trucks used to transport personnel have securely anchored seating, a rear endgate, and a guardrail.	
<input type="checkbox"/>	<input type="checkbox"/>	No person is permitted to ride with arms or legs outside of a vehicle body; in a standing position on the body; on running boards; seated on side fenders, cabs, cab shields, rear of the truck or on the load.	
<input type="checkbox"/>	<input type="checkbox"/>	ATV operators possess valid state drivers license, have completed an ATV training course prior to operation of the vehicle, and wear appropriate protective equipment such as helmets, boots, and gloves.	

EXCAVATING AND TRENCHING 29 CFR 1926 Subpart P. EM 385-1-1, Section 25

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Has the known or estimated location of utility installations such as sewer, telephone, fuel, electric, water lines, or any other underground installations that may be expected to be encountered during excavation been determined before excavation? Have utility locations been verified by designated state services according to state regulations? Has the client provided clearance where state jurisdiction doesn't apply?	
<input type="checkbox"/>	<input type="checkbox"/>	Have overhead utilities in excavation areas been identified and either de-energized, shielded or barricaded so excavating equipment will not come within 10 feet?	
<input type="checkbox"/>	<input type="checkbox"/>	Are inspections of the excavation, the adjacent areas, and protective systems made daily and as necessary by a competent person?	
<input type="checkbox"/>	<input type="checkbox"/>	Are Protective systems in place as prescribed by the competent person?	
<input type="checkbox"/>	<input type="checkbox"/>	Is material removed from excavations managed so it will not overwhelm the protective systems?	
<input type="checkbox"/>	<input type="checkbox"/>	Are barriers provided between excavations and walkways?	
<input type="checkbox"/>	<input type="checkbox"/>	Are excavations by roadways barricaded to warn vehicles of presence or to prevent them from falling in?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there a means of exit from the excavation every 25 feet?	
<input type="checkbox"/>	<input type="checkbox"/>	Is air monitoring required? If yes, is it performed?	

CONFINED SPACES 29 CFR 1910 Subpart J. EM 385-1-1, Section 6

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Is there a Confined Space Entry Program in place?	
<input type="checkbox"/>	<input type="checkbox"/>	Are the confined Spaces identified and labeled?	
<input type="checkbox"/>	<input type="checkbox"/>	Will the Confined Spaces be entered?	
<input type="checkbox"/>	<input type="checkbox"/>	Is appropriate entry documentation used and on-file?	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

ELECTRICAL

29 CFR 1926 Subpart K. EM 385-1-1, Section 11

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Are electrical installations made according to the National Electrical Code and applicable local codes?	
<input type="checkbox"/>	<input type="checkbox"/>	Qualified electricians make all connections and perform all work within 10 feet of live electric equipment.	
<input type="checkbox"/>	<input type="checkbox"/>	Location of underground, overhead, under floor, behind wall electrical lines is known and communicated. Lines are documented by qualified person as de-energized where necessary.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers understand they must not work near live parts of electric circuits, unless they are qualified as required by OSHA or are protected by de-energizing and grounding the parts, guarding the parts by insulation, or other effective means?	
<input type="checkbox"/>	<input type="checkbox"/>	Employees who regularly work on or around energized electrical equipment or lines are instructed in the cardiopulmonary resuscitation (CPR) methods.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers are prohibited from working alone on energized lines or equipment over 600 volts.	
<input type="checkbox"/>	<input type="checkbox"/>	Are Ground-fault circuit interrupters (GFCI's) or is ground fault circuit protection provided to protect employees from ground-fault hazards for all 115 - 120 Volt, 15 and 20 amp receptacle outlets which are not a part of the permanent wiring of a building or structure at construction sites?	
<input type="checkbox"/>	<input type="checkbox"/>	Circuit breakers are labeled.	
<input type="checkbox"/>	<input type="checkbox"/>	Circuit breaker and all cabinets with exposed electric conductors are kept tightly closed.	
<input type="checkbox"/>	<input type="checkbox"/>	Unused openings (including conduit knockouts) in electrical enclosures and fittings are closed with appropriate covers, plugs or plates.	
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient access and working space is provided and maintained about all electrical equipment to permit ready and safe operations and maintenance.	
<input type="checkbox"/>	<input type="checkbox"/>	Motors are located within sight of their controllers or controller disconnecting means are capable of being locked in the pen position or is a separate disconnecting means installed in the circuit within sight of the motor.	
<input type="checkbox"/>	<input type="checkbox"/>	Are visual inspections of extension cords and cord-and plug-connected equipment conducted daily? Is equipment found damaged or defective tagged and removed from service, and not used until repaired?	
<input type="checkbox"/>	<input type="checkbox"/>	Wet Areas - Is portable lighting used in wet or conductive locations, such as tanks or boilers operated at no more than 12 volts and protected by GFCIs.	
<input type="checkbox"/>	<input type="checkbox"/>	Are electrical installations in hazardous areas to NEC?	
<input type="checkbox"/>	<input type="checkbox"/>	Metal ladders and tools including tape measures or fabric with metal thread are prohibited where contact with energized electrically parts is possible.	
<input type="checkbox"/>	<input type="checkbox"/>	All extension cords are the three-wire type, designed and rated for hard or extra hard usage?	
<input type="checkbox"/>	<input type="checkbox"/>	Worn or frayed electrical cords or cables are taken out of service. Fastening with staples, hanging from nails or suspending extension cords by wire is prohibited.	
<input type="checkbox"/>	<input type="checkbox"/>	Electric wire/flexible cord passing through work areas is protected from damage such as foot traffic, vehicles, sharp corners, projections and pinching? Flexible cords and cables passing through holes are protected by bushings or fittings?	
<input type="checkbox"/>	<input type="checkbox"/>	Before an employee or contractor performs any service or maintenance on a system where the unexpected energizing, start up, or release of kinetic or stored energy could occur and cause injury or damage, the system is to be isolated. Only authorized persons may apply and remove lockouts and tags.	
<input type="checkbox"/>	<input type="checkbox"/>	Contractors planning to use hazardous energy control procedures submit their hazardous energy control plan to the WESTON site safety officer or designee before implementing lockout/tagout procedures.	
<input type="checkbox"/>	<input type="checkbox"/>	There is a site specific hazardous energy control plan that clearly and specifically outlines the scope, purpose, authorization, rules and techniques to be used for the control of hazardous energy.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers possess the knowledge and skills required for the safe application, usage and removal of energy controls.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

WELDING AND CUTTING 29 CFR 1926 Subpart J. EM 385-1-1, Section 10

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Prior to performing welding, cutting or any other heat or spark producing activity, an assessment of the area is made by a competent person to identify combustible materials and potential sources of flammable atmospheres.	
<input type="checkbox"/>	<input type="checkbox"/>	Welders, cutters and their supervisors are trained in the safe operation of their equipment, safe welding and cutting practices, hot work permit requirements, and fire protection.	
<input type="checkbox"/>	<input type="checkbox"/>	Welding and cutting equipment is inspected daily before use. Unsafe equipment is taken out of use, replaced or repaired.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers and the public is shielded from welding rays, flashes, sparks, molten metal and slag.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees performing welding, cutting or heating are protected by PPE appropriate for the hazards (e.g., respiratory, vision and skin protection).	
<input type="checkbox"/>	<input type="checkbox"/>	Compatible fire extinguishing equipment is provided in the immediate vicinity of welding or cutting operations.	
<input type="checkbox"/>	<input type="checkbox"/>	Drums, tanks, or other containers and equipment which have contained hazardous materials shall be thoroughly cleaned before welding or cutting. Cleaning shall be performed in accordance with NFPA 327, <u>Cleaning or Safeguarding Small Tanks and Containers</u> , ANSI/AWS F4.1, <u>Recommended Safe Practices for the Preparation for Welding and Cutting of Containers That Have Held Hazardous Substances</u> , and applicable health and safety plan requirements.	

HAND AND POWER TOOL SAFETY 29 CFR 1926 Subpart I. EM 385-1-1, Section 13

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Power tools are from a manufacturer listed by a nationally recognized testing laboratory for the specific application for which they are to be used.	
<input type="checkbox"/>	<input type="checkbox"/>	Hand & power tools are inspected, maintained, tested and determined to be in safe operating condition before use.	
<input type="checkbox"/>	<input type="checkbox"/>	Tools found to be unsafe are not used, tagged and repaired or destroyed.	
<input type="checkbox"/>	<input type="checkbox"/>	Users of tools are trained in safe use.	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical tools have cords and plug connections in good repair.	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical tools are effectively grounded or approved double insulated.	
<input type="checkbox"/>	<input type="checkbox"/>	Reciprocating, rotating, and moving parts of equipment are guarded if they may be accessed by employees or they otherwise create a hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety clips/retainers are installed and maintained on pneumatic impact tool connections.	
<input type="checkbox"/>	<input type="checkbox"/>	Chain saws have an automatic chain brake or anti-kickback device.	
<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic and hydraulic hoses and fittings are inspected regularly.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees who operate powder actuated tools are trained and carry valid operators cards.	
<input type="checkbox"/>	<input type="checkbox"/>	Powder activated tools are stored in individual locked containers, when not in use and are not loaded until ready to use.	
<input type="checkbox"/>	<input type="checkbox"/>	Powder actuated tools are inspected for obstructions or defects daily before use.	
<input type="checkbox"/>	<input type="checkbox"/>	Powder actuated tool operators have appropriate PPE.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

RIGGING

29 CFR 1926 Subpart H. EM 385-1-1, Section 15

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Rigging equipment is inspected as specified by the manufacturer, by a qualified person, before use on each shift and as necessary to assure that it is safe.	
<input type="checkbox"/>	<input type="checkbox"/>	Defective equipment is removed from service.	
<input type="checkbox"/>	<input type="checkbox"/>	Rigging not in use is removed from the work area, properly stored, and maintained in good condition.	
<input type="checkbox"/>	<input type="checkbox"/>	Wire rope removed from service for defects is cut up or plainly marked as unfit for use as rigging.	
<input type="checkbox"/>	<input type="checkbox"/>	The number of saddle clips used to form eyes in wire rope conforms with Table H-20, are spaced evenly and the saddles are on the live side.	
<input type="checkbox"/>	<input type="checkbox"/>	Chain rigging has a tag clearly indicating load limits, is inspected before initial use, then weekly, and is of alloyed metal.	
<input type="checkbox"/>	<input type="checkbox"/>	Fiber rope rigging is not used if it is frozen or has been subject to acids or excessive heat.	
<input type="checkbox"/>	<input type="checkbox"/>	Slings and their fittings and fastenings are inspected before use on each shift and as needed during use.	
<input type="checkbox"/>	<input type="checkbox"/>	Drums, sheaves, and pulleys on rigging hardware are smooth and free of surface defects that can damage rigging.	

MATERIAL HANDLING, STORAGE, AND DISPOSAL

29 CFR 1926 Subpart H. EM 385-1-1, Section 14

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Employees are trained in and use safe lifting techniques.	
<input type="checkbox"/>	<input type="checkbox"/>	Materials are not moved or suspended over workers unless positive precautions have been taken to protect workers.	
<input type="checkbox"/>	<input type="checkbox"/>	Conveyors are constructed, inspected, & maintained by qualified persons according to manufacturer's recommendations.	
<input type="checkbox"/>	<input type="checkbox"/>	All conveyors are to be equipped with emergency stopping devices.	
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous exposed moving machine parts are guarded mechanically, electrically or by location.	
<input type="checkbox"/>	<input type="checkbox"/>	Controls are clearly marked and/or labeled to indicate the function controlled.	
<input type="checkbox"/>	<input type="checkbox"/>	Taglines are used for suspended loads where the movement may be hazardous to persons.	
<input type="checkbox"/>	<input type="checkbox"/>	Material in storage is protected from falling or collapse by effective stacking, blocking, cribbing, etc.	
<input type="checkbox"/>	<input type="checkbox"/>	Walkways and aisles are to be kept clear.	
<input type="checkbox"/>	<input type="checkbox"/>	Materials are not stored on scaffolds or runways in excess of normal placement or in excess of safe load limits.	
<input type="checkbox"/>	<input type="checkbox"/>	Work areas and means of access are maintained safe and orderly.	
<input type="checkbox"/>	<input type="checkbox"/>	Tools, materials, extension cords, hoses or debris do not cause tripping or other hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	Storage and construction sites are kept free from the accumulation of combustible materials.	
<input type="checkbox"/>	<input type="checkbox"/>	Waste materials and rubbish are placed in containers or, if appropriate, in piles. Waste materials are disposed of in accord with applicable local, state, or federal requirements.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

FLOATING PLANT AND MARINE ACTIVITIES 29 CFR 1926 Subpart O. EM 385-1-1 Section 19

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Floating plants that are regulated by the USCG have current inspections and certificates.	
<input type="checkbox"/>	<input type="checkbox"/>	Before any floating plant is brought to the job site and placed in service it is inspected and determined to be in safe operating condition	
<input type="checkbox"/>	<input type="checkbox"/>	Periodic inspections are made such that safe operating conditions are maintained. Strict compliance with EM 385-1-1, Section 19 is expected.	
<input type="checkbox"/>	<input type="checkbox"/>	Plans are in place for removing or securing the plant and evacuation of personnel endangered by severe weather and other marine emergencies such as; fire, flooding, man overboard, hazardous materials incidents, etc..	
<input type="checkbox"/>	<input type="checkbox"/>	Means of access are properly secured, guarded, and maintained free of slipping and tripping hazards.	
<input type="checkbox"/>	<input type="checkbox"/>	Dredging operations follow guidelines as established in EM 385-1-1, Section 19.D.	

PRESSURIZED EQUIPMENT AND SYSTEMS 29 CFR 1926 Subparts I, F. EM 385-1-1, Section 20

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Pressurized equipment and systems are inspected before being placed into service.	
<input type="checkbox"/>	<input type="checkbox"/>	Pressurized equipment or systems found to be unsafe are tagged "Out of Service-Do Not Use".	
<input type="checkbox"/>	<input type="checkbox"/>	Systems and equipment are operated, inspected and maintained by qualified, designated personnel.	
<input type="checkbox"/>	<input type="checkbox"/>	Safe clearance, lockout/tagout procedures are followed as appropriate during maintenance or repair.	
<input type="checkbox"/>	<input type="checkbox"/>	Air hose, pipes, fittings are pressure-rated for the activity. Defective hoses are removed from service.	
<input type="checkbox"/>	<input type="checkbox"/>	Hoses aren't laid over ladders, steps, scaffolds, or walkways in a manner that creates a tripping hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	The use of compressed air for personal cleaning is prohibited. The use of compressed air for other cleaning is restricted to less than 30 psig.	
<input type="checkbox"/>	<input type="checkbox"/>	Compressed gas cylinders are stored in well-ventilated locations.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinders in storage are separated from flammable or combustible liquids and from easily ignitable materials by at least 40 feet or by a minimum five feet tall, ½ -hour fire resistive partition.	
<input type="checkbox"/>	<input type="checkbox"/>	Stored cylinders containing oxidizing gases are separated from fuel gas cylinders by at least 20 feet or by a minimum five feet tall, ½ -hour fire resistive partition.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinder valve caps are in place when cylinders are in storage, in transit, or a regulator is not in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Compressed gas cylinders in service are secured in substantial fixed or portable racks or hand trucks.	
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen cylinders and fittings are kept away from, and free from oil and grease.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinder Storage areas are posted with the names of the gases in storage and with signs indicating "No Smoking or Open Flame".	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinders are to be stored such that mechanical and corrosion damage is avoided. Cylinders are not to be stored in areas required as an egress path.	
<input type="checkbox"/>	<input type="checkbox"/>	Cylinders may be stored in the open outdoors, however, they must be protected from the ground to prevent corrosion and must be protected from temperatures that may exceed 125 degrees F.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

WORK PLATFORMS/SCAFFOLDS 29 CFR 1926 Subparts L, M, N. EM 385-1-1 Sections 21, 22

YES	NO	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Work platforms are erected, used, inspected, tested, maintained and repaired according to manufacturer's requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Construction, inspection, and disassembly of scaffolds is under the direction of a competent person.
<input type="checkbox"/>	<input type="checkbox"/>	Workers on scaffolding have been trained by a qualified person.
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolds are erected on a firm and level surface and are square and plumb.
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolds are not loaded in excess of rated capacity.
<input type="checkbox"/>	<input type="checkbox"/>	Working levels of work platforms are fully planked or decked.
<input type="checkbox"/>	<input type="checkbox"/>	Planks are in good condition and free from obvious defects.
<input type="checkbox"/>	<input type="checkbox"/>	Fabricated frame scaffolding four times higher than the base width is secured to building/structure according to manufacturer's instruction and/or OSHA requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Working platforms of scaffolding over ten feet in height have guard rails meeting OSHA specifications. Fall protection is suggested at four feet or greater.
<input type="checkbox"/>	<input type="checkbox"/>	Scaffolding/work platforms are accessed by means of a properly secured ladder or equivalent. Built on ladders conform to scaffold ladder requirements. Climbing of braces is not allowed.
<input type="checkbox"/>	<input type="checkbox"/>	Crane supported work platforms are designed and used in accordance with OSHA standards.
<input type="checkbox"/>	<input type="checkbox"/>	Elevating work platforms are operated, inspected and maintained according to the equipment operations manual.
<input type="checkbox"/>	<input type="checkbox"/>	Employees working in aerial lifts remain firmly on the floor of the basket. Employees use fall protection while in an aerial lift basket.

WALKING AND WORKING SURFACES AND STAIRS 29 CFR 1926 Subparts L, M, X. EM 385-1-1, Sections 21, 22, 24

YES	NO	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Work areas are clean, sanitary, and orderly.
<input type="checkbox"/>	<input type="checkbox"/>	Work surfaces are kept dry or appropriate means are taken to assure the surfaces are slip-resistant.
<input type="checkbox"/>	<input type="checkbox"/>	Accumulations of combustible dust are routinely removed.
<input type="checkbox"/>	<input type="checkbox"/>	Aisles and passageways are kept clear and marked as appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	There is safe clearance for walking in aisles where motorized or mechanical handling equipment is operating.
<input type="checkbox"/>	<input type="checkbox"/>	Materials or equipment is stored in such a way that sharp projections will not interfere with the walkway.
<input type="checkbox"/>	<input type="checkbox"/>	Changes of direction or elevation are readily identifiable.
<input type="checkbox"/>	<input type="checkbox"/>	Aisles or walkways that pass near moving or operating machinery, welding operations or similar operations are arranged so employees will not be subjected to potential hazards.
<input type="checkbox"/>	<input type="checkbox"/>	Standard guardrails are provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground and bridges provided where workers must cross over conveyors and similar hazards.
<input type="checkbox"/>	<input type="checkbox"/>	There are standard stair rails or handrails on all stairways having four or more risers or with an elevation of 30 or more inches.
<input type="checkbox"/>	<input type="checkbox"/>	Stairways are at least 22 inches wide. (General Industry Standard).

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<input type="checkbox"/>	<input type="checkbox"/>	Stairs angle no more than 50 and no less than 30 degrees, risers are uniform from top to bottom (plus or minus 1/4 inch) and are provided with a surface that renders them slip resistant.	
<input type="checkbox"/>	<input type="checkbox"/>	Stairway handrails are not less than 36 inches above the leading edge of stair treads and have at least 3 inches of clearance between the handrails and the wall or surface they are mounted on.	
<input type="checkbox"/>	<input type="checkbox"/>	Where doors or gates open directly on a stairway, there is a platform provided so the swing of the door does not reduce the width of the platform to less than 20 inches.	
<input type="checkbox"/>	<input type="checkbox"/>	Where stairs or stairways exit directly into any area where vehicles may be operated, there are adequate barriers and warnings provided to prevent employees stepping into the path of traffic.	
<input type="checkbox"/>	<input type="checkbox"/>	Signs are posted showing the load capacity of elevated storage areas.	
<input type="checkbox"/>	<input type="checkbox"/>	An appropriate means of access and egress is provided for surfaces with 19 or more inches of elevation change.	
		Material on elevated surfaces is minimized, with that necessary for immediate work requirements piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading.	

FLOOR AND WALL HOLES AND OPENINGS 29 CFR 1926 Subpart M. EM 385-1-1, Section 24

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Floor and roof openings that persons can walk into or fall through are guarded by a physical barrier or covered.	
<input type="checkbox"/>	<input type="checkbox"/>	Holes (defined as equal to or greater than 2 inches in least dimension) where person could trip must be covered/protected.	
<input type="checkbox"/>	<input type="checkbox"/>	Unprotected sides and edges on a walking/working surface six feet or more (note four feet in General Industry) are protected by guardrail system, safety net or Personal Fall Arrest System (PFAS).	
<input type="checkbox"/>	<input type="checkbox"/>	Unused portions of service pits and pits not actually in use are either covered or protected by guardrails or equivalent.	
<input type="checkbox"/>	<input type="checkbox"/>	Coverings for holes or other openings must be constructed of sufficient strength to support any anticipated load, must be secured in place to prevent accidental removal or displacement and must be marked indicating purpose (e.g., stenciled "Hole" or painted contrasting color to surroundings).	

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LADDERS

29 CFR 1926 Subpart X. EM 385-1-1, Section 21

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Portable ladders are used for their designed purpose only.	
<input type="checkbox"/>	<input type="checkbox"/>	Portable ladders are examined for defects prior to, and after use.	
<input type="checkbox"/>	<input type="checkbox"/>	Ladders found to be defective are clearly tagged to indicate "DO NOT USE" if repairable, or destroyed immediately if no repair is possible.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers are trained in hazards associated with ladder use and how to inspect ladders.	
<input type="checkbox"/>	<input type="checkbox"/>	Ladders have secure footing provided by a combination of safety feet, top of ladder tie-offs and mud cills or a person holding the ladder to prevent slipping.	
<input type="checkbox"/>	<input type="checkbox"/>	The handrails of a straight ladder used to get from one level to another extend at least 36 inches above the landing.	
<input type="checkbox"/>	<input type="checkbox"/>	Ladders conform to construction criteria of ANSI Standards A-14.1 and A-14.2.	
<input type="checkbox"/>	<input type="checkbox"/>	Wooden ladders are not painted with an opaque covering such that signs of flaws, cracks or drying are obscured.	
<input type="checkbox"/>	<input type="checkbox"/>	Fixed ladders are constructed and used according to OSHA Standards, 29 CFR 1910.27 and ANSI A-14.3.	
<input type="checkbox"/>	<input type="checkbox"/>	Rungs, cleats or steps, and side rails that may be used for handholds when climbing, offer adequate gripping surface and are free of splinters, splinters or burrs, and substances that could cause slipping.	
<input type="checkbox"/>	<input type="checkbox"/>	Fixed ladders of greater than 24 feet have cages or other approved fall protection devices. (note General Industry is 20 feet).	
<input type="checkbox"/>	<input type="checkbox"/>	Where fall protection is provided by ladder safety systems (body belts or harnesses, lanyards and braking devices with safety lines or rails), systems meet the requirements of and are used in accordance with WESTON Fall Protection Standard Practices and are compatible with construction of the ladder system.	

DEMOLITION

29 CFR 1926 Subpart T. EM 385-1-1, Section 23

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Prior to initiating demolition activities an engineering survey (by a competent person) and a demolition plan (by a competent person) is completed.	
<input type="checkbox"/>	<input type="checkbox"/>	All employees engaged in demolition activities are instructed in the demolition plan.	
<input type="checkbox"/>	<input type="checkbox"/>	It has been determined through the engineering survey and outlined in the plan, if any hazardous materials, or conditions (e.g., asbestos, lead, utility connections, etc.) exist. Such hazards are controlled or eliminated before demolition is started.	
<input type="checkbox"/>	<input type="checkbox"/>	Continued inspections, by a competent person, are conducted to ensure safe employee working conditions.	

TREE MAINTENANCE AND REMOVAL

29 CFR 1910 Subpart R. EM 385-1-1, Section 31

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Tree maintenance or removal is done is under the direction of a qualified person.	
<input type="checkbox"/>	<input type="checkbox"/>	Tree work, in the vicinity of charged electric lines, is by trained persons qualified to work with electricity and tree work. Appropriate distances are maintained for all workers who are not qualified.	
<input type="checkbox"/>	<input type="checkbox"/>	Equipment is inspected, maintained, repaired and used in accordance with the manufacture's directions.	
<input type="checkbox"/>	<input type="checkbox"/>	Prior to felling actions are planned to include clearing of the area to permit safe working conditions and escape.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees must be trained in the safe operation of all equipment.	
<input type="checkbox"/>	<input type="checkbox"/>	All equipment and machinery is inspected and determined safe prior to use.	

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<input type="checkbox"/>	<input type="checkbox"/>	Work is performed under requirements of FLD 43.	
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BLASTING

29 CFR 1926 Subpart U. EM 385-1-1, Section 29

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	A blasting safety plan is developed prior to bringing explosives on-site.	
<input type="checkbox"/>	<input type="checkbox"/>	The transportation, handling, storage, and use of explosives, blasting agents, and blasting equipment must be directed and supervised by a person with proven experience and ability in blasting operations. Licensing of person is verified.	
<input type="checkbox"/>	<input type="checkbox"/>	Blasting operations in or adjacent to cofferdams, piers, underwater structures, buildings, structures, or other facilities must be carefully planned with full consideration to potential vibration and damage.	

HAZARDOUS, TOXIC, AND RADIOACTIVE WASTE AND UNDERGROUND STORAGE TANK (UST) ACTIVITIES

29 CFR 1926 Subpart D. EM 385-1-1, Section 28

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	All construction activities performed with known or potential exposure to hazardous waste are conducted in accordance with Hazardous Waste Operations and Emergency Response requirements.	

CONCRETE and MASONRY CONSTRUCTION

29 CFR 1926 Subpart Q. EM 385-1-1, Section 27

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Construction loads are not placed on a concrete or masonry structure or portion of a concrete or masonry structure unless the employer determines, based on information from a person who is qualified in structural design, that the structure or portion of the structure is capable of supporting the loads.	
<input type="checkbox"/>	<input type="checkbox"/>	Employees are not permitted to work above or in positions exposed to protruding reinforcing steel or other impalement hazards unless provisions have been made to control the hazard.	
<input type="checkbox"/>	<input type="checkbox"/>	Sections of concrete conveyances and airlines under pressure are secured with wire rope (or equivalent material) in addition to the regular couplings or connections.	
<input type="checkbox"/>	<input type="checkbox"/>	Structural and reinforcing steel for walls, piers, columns, and similar vertical structures is supported and/or guyed to prevent overturning or collapse	
<input type="checkbox"/>	<input type="checkbox"/>	All form-work, shoring, and bracing is designed, fabricated, erected, supported, braced, and maintained so it will safely support all vertical and lateral loads that may be applied until the loads can be supported by the structure.	
<input type="checkbox"/>	<input type="checkbox"/>	Shoring equipment is inspected prior to erection to determine that it is specified in the shoring design. Any equipment found to be damaged is not used.	
<input type="checkbox"/>	<input type="checkbox"/>	Erected shoring equipment is inspected immediately prior to, during, and immediately after the placement of concrete. Any shoring equipment that is found to be damaged, displaced, or weakened is immediately reinforced or re-shored.	
<input type="checkbox"/>	<input type="checkbox"/>	Shoring, vertical slip forms and jacks conform with requirements of Section 27.B.08-13 of USACE EM 385-1-1.	
<input type="checkbox"/>	<input type="checkbox"/>	Forms and shores (except those on slab or grade and slip forms) are not removed until the individual responsible for forming and/or shoring determines that the concrete has gained sufficient strength to support its weight and all superimposed loads.	
<input type="checkbox"/>	<input type="checkbox"/>	Precast concrete members are adequately supported to prevent overturning or collapse until permanent connections are complete	
<input type="checkbox"/>	<input type="checkbox"/>	No one is permitted under pre-cast concrete members being lifted or tilted into position except employees required for the erection of those members.	
<input type="checkbox"/>	<input type="checkbox"/>	Lift slab operations are planned and designed by a registered engineer or architect.	
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic jacks used in lift slab construction have a safety device that causes the jacks to support the load in any position if the jack malfunctions	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

<input type="checkbox"/>	<input type="checkbox"/>	No one is permitted under the slab during jacking operations.	
<input type="checkbox"/>	<input type="checkbox"/>	A limited access zone is established whenever a masonry wall is being constructed.	
<input type="checkbox"/>	<input type="checkbox"/>	Fall protection is provided to masonry workers exposed to falls of 6 feet or more.	

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STEEL ERECTION

29 CFR 1926 Subpart R. EM 385-1-1, Section 27

YES	NO		COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	Impact wrenches have a locking device for retaining the socket. Containers shall be provided for storing or carrying rivets, bolts, and drift pins, and secured against accidental displacement when aloft.	
<input type="checkbox"/>	<input type="checkbox"/>	Structural and reinforcing steel for walls, piers, columns, and similar vertical structures shall be guyed and supported to prevent collapse.	
<input type="checkbox"/>	<input type="checkbox"/>	No loading is placed upon steel joists until all bridging is completely and permanently installed.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers are provided fall protection whenever they are exposed to falls of 1.8 m (6 ft) or more (EM 385-1-1).	
<input type="checkbox"/>	<input type="checkbox"/>	Temporary flooring in skeleton steel erection conforms with Section 27.F of USACE 385-1-1	

ROOFING

29 CFR 1926 Subpart M. EM 385-1-1, Sections 21, 22, 24, 27

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	In the construction, maintenance, repair, and demolition, of roofs, fall protection systems is provided that will prevent personnel from slipping and falling from the roof and prevent personnel on lower levels from being struck by falling objects.	
<input type="checkbox"/>	<input type="checkbox"/>	On all roofs greater than 4.8 m (16 ft) in height, a hoisting device, stairways, or progressive platforms are furnished for supplying materials and equipment.	
<input type="checkbox"/>	<input type="checkbox"/>	Roofing materials and accessories that could be moved by the wind, including metal roofing panels, that are on the roof and unattached are secured when wind speeds are greater than, or are anticipated to exceed, 10 mph.	
<input type="checkbox"/>	<input type="checkbox"/>	Level, guarded platforms are provided at the landing area on the roof.	
<input type="checkbox"/>	<input type="checkbox"/>	When their use is permitted, warning line systems comply with USACE Section 27.07 of EM 385-1-1.	
<input type="checkbox"/>	<input type="checkbox"/>	Workers involved in roof-edge materials handling or working in a storage area located on a roof with a slope \geq to four vertical to twelve horizontal and with <u>edges 6 ft or more above</u> lower levels are protected by the use of a guardrail, safety net, or personal fall arrest system along all unprotected roof sides and edges of the area.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

ENVIRONMENTAL COMPLIANCE

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Environmental Compliance and Waste Management Plan on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Waste Determination Made.	
<input type="checkbox"/>	<input type="checkbox"/>	Manifest and/or Shipping Papers prepared and filed.	
<input type="checkbox"/>	<input type="checkbox"/>	Manifest Exception Reports Prepared, as necessary. Procedures to track manifests in place.	
<input type="checkbox"/>	<input type="checkbox"/>	State Annual and EPA Biennial Reporting Information Available.	
<input type="checkbox"/>	<input type="checkbox"/>	RCRA Personnel Training Records on file.	
<input type="checkbox"/>	<input type="checkbox"/>	CAA Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	CWA Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	RCRA Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	State and/or Local Permits on file.	
<input type="checkbox"/>	<input type="checkbox"/>	RCRA Inspections conducted and Documentation on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Transporter and TSD compliance information on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Waste Accumulation Areas Managed Properly.	
<input type="checkbox"/>	<input type="checkbox"/>	Wetlands Areas Identified and Protected.	
<input type="checkbox"/>	<input type="checkbox"/>	Endangered, Threatened or Special Concern Species or Areas Identified and Protective Methods Determined.	
<input type="checkbox"/>	<input type="checkbox"/>	Runon and Runoff Concerns Identified and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	Adjacent Land Areas Protected as Necessary.	
<input type="checkbox"/>	<input type="checkbox"/>	Non-Hazardous Solid Wastes Managed Properly.	

MISCELLANEOUS REGULATORY and POLICY COMPLIANCE

Yes	No		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Personnel Training Records for DOT Materials Handling on file.	
<input type="checkbox"/>	<input type="checkbox"/>	Noise Control Issues Addressed and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	Site Security Issues Identified and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	Known Historical, Archeological and Cultural Resources Identified and Managed.	
<input type="checkbox"/>	<input type="checkbox"/>	WESTON EHS Analysis Checklist In Use.	
<input type="checkbox"/>	<input type="checkbox"/>	Safety Observation and Recognition Program in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Weekly EHS Report Card System in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Federal, State and Local Required Postings in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Site specific Lockout/Tagout Program is in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Site-specific Confined Space Program is in place.	
<input type="checkbox"/>	<input type="checkbox"/>	Site Safety Officer filing system is in place and up to date.	

ENVIRONMENTAL HEALTH AND SAFETY INSPECTION CHECKLIST

ATTACHMENT K
ENVIRONMENTAL PROTECTION AND SUSTAINABILITY PROGRAM
IMPACT CHECKLIST

ENVIRONMENTAL PROTECTION AND SUSTAINABILITY PROGRAM IMPACT CHECKLIST

PRE-PROPOSAL and EHS COMPLIANCE PLANNING

1. BACKGROUND

- a. Client name, address, phone number, and Point of Contact:
- b. Name/Identifier of proposal, if applicable:
- c. Prepared by:

2. DESCRIPTION

- a. Description, justification for, and location of Scope of Work in the proposal (i.e. training, activity, construction, regulation, license; include site location map):
- b. Environmental setting and present land use of the proposed site:

3. KNOWN OR POTENTIAL EHS IMPACTS:

Note that this checklist cannot completely anticipate all regulatory requirements, and that use of this checklist outlines only certain Federal criteria of specific interest (it is by no means a complete listing). State and local requirements must be evaluated also.

- The **Project Manager and Project Team** are responsible for evaluating project-specific environmental, health and safety needs that may be beyond those outlined in this checklist.
- Assistance is available through the Division Environmental, Health, and Safety (EHS) Managers and Corporate EHS Department. Early engagement of EHS support is a key to success.
- “Yes” responses will require a plan to address a specific issue. “No” responses must be based upon specific knowledge. “Unknown” responses require appropriate follow-up for confirmation.

3.1 Clean Air Act (CAA)

The basic purpose of the CAA is to control air pollution by instituting point source controls (fixed and/or mobile) and establishing maximum pollutant levels for the ambient air. Permits to construct and/or operate are required for sources that meet regulatory requirements. These sources include, but may not be limited to: major stationary sources, hazardous air pollution sources, and sources subject to new source performance standards.

Yes	No	Unknown	Criteria for Evaluation
General and Miscellaneous			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project release contaminants to the air from a new or existing source of air contaminants?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the project have the potential for deterioration of air quality?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be the introduction of smoke, suspended particles, or noxious gases/vapors (e.g., open burning, open detonation, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be real or potential for particulate/dust migration beyond facility/site boundaries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON own or operate a source of air emissions (e.g., air stripper, incinerator, thermal desorption system, soil vapor extraction system, fuel tanks or dispensers, electric generators, turbines) or disturb land?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON own or operate an air pollution control device (e.g., scrubber, vapor-phase activated carbon system)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is fugitive emissions and/or perimeter air monitoring specified in the scope of work?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has client specified air monitoring methods or real-time monitoring?
Prevention of Significant Deterioration (PSD) Permits (40 CFR 52)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is site within an attainment area? (See 40 CFR 81.301-356).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve construction or operation of a new major source with the potential to emit more than 100 tons/year for those specific listed emissions sources or 250 tons/year for all other emission sources types or a major modification of an existing major source with pollutant emission increases exceeding Prevention of Significant Deterioration (PSD) rates? (see 40 CFR 52.21(b) and/or CAA Section 169).
Non-Attainment Permits (40 CFR 52)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is site within a non-attainment area? (See 40 CFR 81.301-356). If known, indicate which criteria pollutant(s) are not met.
New Source Performance Standards (40 CFR 60)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the release of contaminants to the air from a new or modified non-exempt source?
NESHAPS Standards for Air Toxics (40 CFR 61, 63) See also TSCA and OSHA			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the demolition or renovation of any structure containing asbestos?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve a stationary source or group of stationary sources with the potential to emit 10 or more tons/year of a single HAP, or 25 tpy or more of multiple HAPs?
Accidental Release and Risk Management Planning (40 CFR 68)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve storage and/or use of any chemical listed under 40 CFR 68.115 at or greater than its Threshold Planning Quantity (TPQ)?
Operating Permits (40 CFR 70, 71)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve obtaining any permit as required under the CAA?
Reduction in Use of Ozone Depleting Substances (40 CFR 82)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will site tasks involve repair, maintenance or decommissioning of objects containing ozone depleting substances (e.g., air conditioning/heat pump/refrigeration systems)?

State-Specific Requirements

As with many environmental regulations, States may have specific and/or additional regulations and laws associated with air and air quality. Remember to evaluate State and/or Local requirements.

3.2 Clean Water Act

The stated objective of the Act is to restore and maintain the chemical, physical, and biological integrity of the Nation's water by regulating discharges of pollutants into water bodies. Major requirements to plan for include; point source discharges, stormwater discharges, pretreatment prior to sewer system discharge, spill prevention and response, and wetland modification and/or dredge and fill activities.

Yes	No	Unknown	Criteria for Evaluation
General and Miscellaneous			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project location involve fresh water, marine environment, ground water impact or other?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve impact to water movement (e.g., construction of dam)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve any change in the quantity and/or quality of ground water?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any potential for spills of hazardous materials/substances/wastes that could subsequently impact water quality (surface or ground)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve any impact to wetlands or floodplains?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the project in a well head protection area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be any injection of waste materials into the ground?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will unimproved roads or new haul roads be required?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disruption, displacement or compaction of soil?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve a change in topography at the site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project create an increase in wind or water erosion of soils (either on or off-site)?
NPDES Point Source Discharge Permit (40 CFR 122)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve a point source discharge into surface water?
Stormwater Discharge Permit (40 CFR 122.26)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve an industrial facility with potential for stormwater discharges to surface water or to a storm sewer system?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disturbance of one or more acres of land?
Pretreatment Requirements (40 CFR 403)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be a discharge (e.g., process water, groundwater, cooling water) to a sewer authority or public sewer system? (Do not include proper connections from domestic-type sources such as toilets or kitchens).
Discharge of Oil and SPCC Plans (40 CFR 110, 112)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will oil or petroleum products be stored at the site/operation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the storage capacity of oil or petroleum products exceed 1320 gallons in above ground storage (include only containers equal to or larger than 55 gallons), or 42000 gallons underground?
Wetlands Modification and/or Dredge and Fill Requirements (40 CFR 230-233)			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve excavation in or the discharge or dredge or fill material into water or wetlands?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve site clearing, or dredging or filling on/near water or wetlands?

State Requirements

As with many environmental regulations, States have specific regulations and laws associated with water protection and quality. Remember to evaluate State and/or Local requirements.

3.3 Safe Drinking Water Act (SDWA)

The SDWA regulates the quality of drinking water. Requirements typically relate to providing public drinking water, waste disposal in underground injection wells and establishing criteria for CERCLA remediation.

Yes	No	Unknown	Criteria for Evaluation
Public Water Supplies and Drinking Water Standards (40 CFR 141-143)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON be providing a drinking water supply to the public?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve operating a public water supply system that has 15 or more services or serves more than 25 people per day for more than 60 days per year?
Sole-Source Aquifer Protection (40 CFR 149)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the discharge of contaminants onto or into areas classified as a sole-source aquifer?
Underground Well Injection (40 CFR 144-148)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the placing of fluids into a bored, drilled, driven or dug well?

State Requirements

In addition to compliance (and/or more restrictive) with above Federal criteria, States are responsible for implementing and enforcing well-head protection standards.

3.4 Resource Conservation and Recovery Act (RCRA)

RCRA provides the classic "cradle-to-grave" concept for waste materials, i.e., management of the waste material from generation to final disposal. RCRA requirements apply to those who generate, transport, store and dispose of wastes. Permits and identification numbers may be required for all categories with limited exceptions.

Yes	No	Unknown	Criteria for Evaluation
Non-Hazardous Solid Wastes (40 CFR 257, 258)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON or the site generate any non-hazardous solid wastes?
Universal Wastes (40 CFR 273)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON, or the site generate any universal wastes?
Hazardous Wastes Generation and Management (40 CFR 260-262)			

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON generate any hazardous wastes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON be responsible for managing hazardous wastes generated by the client?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will site activities result in quantities that result in Conditionally Exempt Small Quantity Generator (CESQG), Small Quantity Generator (SQG), or Large Quantity Generator (LQG).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has on-site accumulation of waste stream (areas, containers or other device) been evaluated?
Hazardous Waste Treatment and Disposal Permit (40 CFR 264-270)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will on-site treatment of waste(s) be conducted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If off-site disposal has TSDF been evaluated and accepted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve clean-up of hazardous waste or hazardous waste constituents from a RCRA-regulated facility?
Hazardous Waste Transportation (40 CFR 263)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON be responsible for preparing hazardous wastes for transportation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If transporting wastes, has transporter been evaluated and accepted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON sign manifest? If yes, as Generator or as "Agent" for client?
Underground Storage Tanks (USTs) (40 CFR 280)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON activities involve the installation, use, maintenance, spill or release clean-up, or decommissioning of a UST storing petroleum or CERCLA-listed hazardous substance?
Used Oil (40 CFR 279)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will site activities involve the generation, storage or transportation of used/waste oil?
Land Disposal Restrictions (40 CFR 268)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the generation of wastes meeting Land Disposal Restriction (LDR) criteria?

State Requirements

Most States have primacy for both hazardous and non-hazardous solid waste; ensure knowledge of specific state requirements for such waste streams.

3.5 Comprehensive Environmental Response Compensation and Liability Act (CERCLA)

CERCLA provides a mechanism to clean up uncontrolled or abandoned contaminated sites and hold potentially responsible parties accountable for clean-up costs.

Yes	No	Unknown	Criteria for Evaluation
Release Reporting (40 CFR 300, 302)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any of the chemicals stored or used on site listed as a hazardous substance (40 CFR 302.4)?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a potential for an unpermitted release of a hazardous substance to the environment in excess of its 24-hour Reportable Quantity (RQ)?
Remediation Efforts (40 CFR 300)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under control of Federal Government?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under control of a State or Local Government?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are site remediation efforts under Private control?

State Requirements

Many states have enacted Superfund-type programs. Although many are similar to the Federal program, others may have significant differences to include broader ranges of hazardous substances.

3.6 Emergency Planning and Community Right to Know (EPCRA)

EPCRA established a process for developing state and local emergency planning and information programs on hazardous chemicals located at and/or emitted from facilities. Planning requirements apply to any facility that produces, uses or stores threshold quantities or more of any substance on the EPA list of extremely hazardous substances. There are also requirements for facilities that are required to maintain Material Safety Data Sheets (MSDSs) to notify the local fire department of those materials.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON or WESTON subcontractor have chemicals on site?
Emergency Planning Notifications (40 CFR 355)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do any of the chemicals used or stored on site meet the definition of a hazardous substance and meet or exceed the threshold planning quantity (TPQ) for that chemical or 500 pounds, whichever is lower? (See 40 CFR Part 355 Appendix A and B). <i>If inventory meets criteria (material and quantity) then reports to LEPC, local Fire Department, and SERC are required. (See 40 CFR 370.21).</i>
Emergency Release Notifications (40 CFR 370)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there the potential for a release of listed substances (see 40 CFR 355, Appendices A and B and 40 CFR 302) that could result in exposure to persons off-site?
Community Right to Know/Hazardous Chemical Inventory Reporting (40 CFR 370)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At any point in time is any chemical in a quantity at or more than 10,000 pounds that requires an MSDS?

State Requirements

There are specific reporting and documentation requirements under EPCRA for state and local entities.

3.7 Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)

The purpose of FIFRA is to protect public health and the environment from the misuse of pesticides by regulating the labeling and registration of pesticides. In addition to data necessary for the registration of pesticides sold there are requirements for the certification of applicators of those pesticides listed as restricted use.

Yes	No	Unknown	Criteria for Evaluation
Labeling and Packaging Requirements (40 CFR 156, 157)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the project involve the use or application of pesticides?
Certification of Applicators (40 CFR 171)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the use of a licensed pesticide applicator required (use of restricted use pesticides)?

3.8 Toxic Substances Control Act (TSCA) see also OSHA requirements

Much of TSCA deals with the manufacture, use and distribution of chemicals in commerce with limited impact to WESTON. There are, however, management requirements (to include remediation and disposal efforts) for specific chemicals (most importantly lead-based paint, PCBs, and asbestos).

Note: A "Yes" will require an appropriate technical approach to address the toxic material and must be included within the project-specific HASP. A "No" will require appropriate documentation from the Client or their designee describing how this determination was reached. An "Unknown" will require follow-up and receipt of documentation prior to proceeding.

WESTON may conduct its own survey and analysis to resolve "No" and "Unknown" responses if necessary.

Yes	No	Unknown	Criteria for Evaluation
Lead-Based Paint (40 CFR 745)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the site been evaluated for the presence of lead or lead-containing materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the removal of lead-contaminated materials?
Polychlorinated Biphenyls (PCBs) (40 CFR 761)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the site been evaluated for the presence of PCBs or PCB-contamination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the removal or handling of PCBs?
Asbestos (40 CFR 762)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the site or structures contain asbestos containing material (ACM)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disruption or removal of ACM?

3.9 Natural Resources and the Endangered Species Act

The Endangered Species Act (ESA) was passed to designate and protect fish, wildlife and plant species that are endangered or threatened as well as designate critical habitat for those species. Compliance with the ESA is required within the context of this checklist for not only necessary permits (e.g., Stormwater), but, as a means of understanding the potential environmental impact of our work efforts.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the project site in an area identified as habitat for endangered, threatened or special interest species?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in a change in the diversity or numbers of any species of plants or animals?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in the reduction of numbers or habitat damage to any unique, rare, threatened or endangered species of plants or animals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in the introduction of new species of plant or animal (including microbes, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in any barrier(s) to the migration or movement of animals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in any significant alteration, deterioration, or destruction of habitat?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in the alteration, destruction, or significant impact to any environmentally sensitive areas (e.g., wetlands, floodplains, critical habitat, prime farm land, coastal zones, etc.)?

Note that a location-specific understanding of the ESA is necessary for completion of applications relating to air quality permitting, stormwater permitting and potentially others.

3.10 National Environmental Policy Act

The purpose of the National Environmental Policy Act (NEPA) is to encourage harmony between man and the environment, promote efforts to prevent or eliminate damage and stimulate the health and welfare of man, and to enrich the understanding of the ecological systems and natural resources that are important to the Nation. In context, NEPA requires federal agencies to prepare an environmental impact statement covering proposed actions that could significantly affect the quality of the human environment.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the project a major Federal action, or project, or a project requiring a federal permit, receiving federal funds, or located on federal land? (NEPA)

3.11 Noise (see also OSHA requirements)

The Noise Control Act promotes the policy that the environment is to be free of noise that jeopardizes health or welfare. While there are limited Federal/EPA regulations, there are State and Local regulations/ordinances that are applicable to work tasks.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project cause an increase in noise levels?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the project site near sensitive receptor populations (e.g., residences, hospitals, schools, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will site activities extend beyond typical daylight hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there local noise ordinances in effect?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the contract (or specifications) identify noise monitoring or other criteria?

3.12 Occupational Safety and Health (specifically 29 CFR 1910 and 1926)

The overall goal of the Occupational Safety and Health Act (OSH Act) is to assure that employees are not adversely affected to hazards that they may be exposed to in the course of employment. All work activities conducted by WESTON must comply with applicable components of the General Industry Standards, the Construction Standards, or the applicable requirements of Client-specific criteria (e.g., the Corps of Engineers).

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under OSHA Construction Standards?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under OSHA General Industry Standards?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under the requirements of EM 385-1-1 (USACE)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have any specific occupational/safety requirements for the site work?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project activities be conducted under other standards?

Based upon site activities, location and tasks follow all applicable criteria outline in WESTON's Safety and Health requirements guidelines.

3.13 Transportation (specifically 49 CFR Parts 171-179, 383, 390-399)

Transportation in the context of this checklist typically relates to the transportation of hazardous chemicals. The Department of Transportation (DOT) has specific regulatory requirements that must be met if WESTON either conducts or oversees the preparation for transport or actual transportation of hazardous chemicals/materials designated by DOT.

Note: Security Plans are required for transporting hazardous materials in an amount that must be placarded, hazardous materials in a bulk packaging having a capacity equal to or greater than 3,500 gallons for liquids or gases or more than 468 cubic feet for solids, or a select agent or toxin regulated by the Centers for Disease Control and Prevention under 42 CFR Part 73. Contact your local Dangerous Goods Advisor for assistance.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will site activities involve the transportation (or storage incidental to transportation) of hazardous materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be transporting hazardous materials (in any amount)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be operating vehicles meeting the definition of a commercial vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON personnel be operating vehicles transporting a hazardous material in a placarded amount?

3.14 Radiation

Various regulations under the auspices of the Nuclear Regulatory Agency (10 CFR) require specific procedures for the handling, training, storage and maintenance of nuclear materials.

Yes	No	Unknown	Criteria for Evaluation
General			
<i>(For the following questions indicate whether these tasks are by WESTON, Subcontractor, Client or Vendor.)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will Radiation sources be used or present?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the transportation of radioactive material?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the storage of radioactive material?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the disposal of radioactive material?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the use or storage of a radioactive source (e.g., troxler gauge, XRF)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have users been properly trained and certified?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are users operating under a radiation monitoring program?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have rad licenses been transferred and/or the client notified of the presence of rad sources?

Based upon site activities, location and tasks follow all applicable criteria outlined in WESTON's EHS Program.

3.15 Historic/Archaeological

There are numerous Federal, State, Local and Tribal requirements outlining procedures to protect historic and cultural properties. These include those that exist as well as those that are discovered during work activities.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site or project in an area that is of historic or archeological interest?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project result in alteration or destruction of an archeological or historical site, structure, object or building that is on or eligible for inclusion in the National Register of Historic Places?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the excavation, altering, defacing, or removal of archaeological objects or resources or Native Indian graves, cairns, or glyptic records?

Note that a location-specific understanding of historic and archaeological issues is necessary for completion of applications relating to air quality permitting, stormwater permitting and potentially others.

3.16 Miscellaneous

The following items are included based upon information that must be evaluated for certain WESTON work criteria, for certain sites e.g., real-estate transactions, military locations and for specific hazards.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have subcontractors been screened by Procurement and an EHS Manager or Safety Officer?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a Client Services Manager (CSM), Project Manager (PM), or WESTON Officer engaged WESTON's Subcontractors using the Subcontractor Talking points?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a project Kick-off meeting been planned?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will a Safety Officer or an EHS Manager be involved in the kick-off meeting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the average work day including driving to and from the site exceed 12 hours? If yes, there must be a plan for addressing driving safety and fatigue.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will project personnel be driving vehicles they are not familiar with? If yes, there must be a plan for addressing driving safety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be work at elevation (greater than 4 foot difference in elevations between working levels, work from ladders, work from scaffolding, use of aerial lifts, floor openings, wall openings)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be potential for struck by hazards (moving equipment, thrown or falling objects or material)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be potential for being caught in (conveyors, power-take-off, screens, etc.) or between moving machinery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be work with or within 10 feet of exposed electrical conductors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there overhead utilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there underground utilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project add additional traffic volume or types (material or equipment haul trucks) that may require community approval or plans?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be a traffic control plan for off-site and on-site vehicles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility a military facility?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the potential for UXO/MEC encounter been objectively evaluated?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be slip, trip and fall hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will there be repetitive and or heavy lifting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If demolition work has the demolition plan, engineering survey and required components been addressed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there OSHA Specific Standards applicable (asbestos, lead, cadmium, arsenic, hexavalent chromium, benzene, vinyl chloride, methylene chloride, butadiene, formaldehyde, dibromochloropropane)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will work be performed over or near water or boats?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will boats be used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will Lifting Equipment and rigging be used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a communication Plan for letting neighbors know of WESTON activities that may impact them?

3.17 Real Estate and Tenant Issues

WESTON as an owner or operator assumes liability for actions or activities conducted by ourselves or by others (tenants). We must ensure compliance with Federal, State and Local requirements. The following outline major issues, however, as indicated previously for the EHS Checklist, it is not meant to be comprehensive. Remember, if we have tenants occupying portions of facilities that are under our control, we have an obligation to understand and assure compliance. For the following issues compliance may be by WESTON, by various tenants or a combination, ensure that each tenant is evaluated. Note that various components of the previous EHS Checklist sections may be appropriate.

Yes	No	Unknown	Criteria for Evaluation
Air			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are boilers or other pressure vessels (e.g., chillers, air receivers) located within our work space or at tenant locations?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have they been certified and inspected?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do emission sources (e.g., boilers, chillers, bulk oil storage, etc.) have proper registration (federal, state or local)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are tenants responsible for compliance with inspections and permits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for inspections and permits?
Occupancy and Other Permits			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do Business Permits/Certificate of Occupancy Requirements: State, County, City/Municipality need to be addressed? If yes, is WESTON responsible? ____ and/or are tenants responsible? ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are Fire Code Inspections (e.g., materials storage, electrical, suppression systems) due? Are Corrective Actions due from past inspections? ____ If yes, is WESTON responsible? ____ and/or are tenants responsible? ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are local permits and/or registrations for USTs or ASTs available or needed?
RCRA			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility a Hazardous Waste Generator? If yes, what size? ____ Is WESTON responsible? ____ What is the waste stream? ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do tenants generate Hazardous Wastes? If yes, what quantity? ____ What is the waste stream? ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are appropriate permits available for waste generation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is facility and/or are tenants under litigation or regulatory action for non-compliance with RCRA?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are USTs or ASTs on site? If yes, what are type, size, contents ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have USTs been upgraded for overflow and spill control protection?
Water and Stormwater			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a stormwater permit and plan necessary for the site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a NPDES and/or local discharge permit necessary for the site?
EPCRA			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do any of the chemicals used or stored on site meet the definition of a hazardous substance and meet or exceed the threshold planning quantity (TPQ) for that chemical or 500 pounds, whichever is lower? (See 40 CFR Part 355 Appendix A and B). <i>If inventory meets criteria (material and quantity) then reports to LEPC, local Fire Department and SERC required. (See 40 CFR 370.21).</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for compliance?

Yes	No	Unknown	Criteria for Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are Tenants responsible for compliance?
SPCC and Oil			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will oil or petroleum products be stored at the site/operation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the storage capacity of oil or petroleum products exceed 1320 gallons in above ground storage (include only containers equal to or larger than 55 gallons), or 42000 gallons underground?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is WESTON responsible for compliance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are Tenants responsible for compliance?
Compliance			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the site under enforcement action for regulatory non-compliance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is any Tenant under enforcement action for regulatory non-compliance?

3.18 Explosives

Various regulations under the auspices of the Bureau of Alcohol, Tobacco, Firearms and Explosives (BATFE), 27 CFR Part 55 – Commerce in Explosives and 27 CFR Part 55 the Safe Explosives Act, require specific procedures for the purchase, use, storage, handling and sale of explosives or explosive containing items. Attention to these questions will help to manage our risk when developing projects that may involve explosives or munitions.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the handling or use of explosives or munitions that are either new or recovered (e.g. dynamite, military munitions, UXO, detonating cord, TNT, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the storage of explosives?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project involve the transportation of explosives?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have project personnel been cleared by BATFE as either a Possessor or Responsible Party to handle explosives?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the project require a State Licensed Blaster?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will WESTON's Explosives Users Permit be required to execute the project? If yes, has the UXO Service Line Manager been notified?

3.19 Sustainability

There are a wide range of options for integrating sustainability into the execution of projects, far beyond what can be incorporated into this checklist. The following are a few broad questions which are designed to stimulate thinking about how sustainable approaches could be utilized throughout project execution. A checklist of credits used in evaluating projects for LEED (Leadership in Energy and Environmental Design) could be used here in addition to the checklist below. Inclusion of an employee who is LEED AP Certified in the development of the work plan could help add other considerations, such as sustainable sites and efficient materials and resources. See the WESTON Sustainability Portal <http://westonportal/sites/sustainability/default.aspx> for further details.

Yes	No	Unknown	Criteria for Evaluation
General			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to reduce travel-related energy and environmental impacts associated with the project through such techniques as carpooling, use of videoconferencing, telecommuting or utilization of local personnel?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has consideration been given to the potential for beneficial reuse or recycling of materials that will be excavated, removed or discarded during project execution?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to utilize alternative or renewable energy on the project, through applications such as photovoltaics (solar) or wind power for remote sensing and/or trailer power, or alternative fuel (e.g. biodiesel) for fleet vehicles or equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have "green" considerations been integrated into the procurement process for materials and or equipment (e.g. recycled content, energy efficiency, recyclability, minimal packaging)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to increase energy or water efficiency in the execution of the project through selection of appropriate equipment or technical approaches?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there opportunities to offset some of the environmental impacts of the project through purchase of carbon credits, renewable energy credits or wetlands banking?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could a Community Partnering/Make-a-Difference event be coordinated or integrated with this project?



WESTON Portal

EHSTrack

EHSTrack HOME

PERSONNEL	DIVISION/OFFICE	TRAINING	REPORTS	ADMIN
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Manage Personnel

<< Back

PERSONNEL PAGE

Name: **Luetke, Melinda Suzanne**EHS Track Personnel ID: **16391**H&S Offices and Groups: **DTX**Employee ID: **019885**Location Code: **DTX**Active?: **Yes**OU: **1460**

Training (One-Time and Initial)

Course Name	Completed On	PDF
40-Hour Hazardous Waste Operations & Emergency Response Training Course (Local)	1/24/2008	
8-Hour Site Manager and Supervisor Training Course	9/11/2009	
Bloodborne Pathogens Training Course Initial	10/2/2009	
Shipping and Transporting Dangerous Goods - Admin/Field Personnel Initial	10/9/2009	

Training (Refresher)

Course Name	Expiration Date	PDF
4 Hour Radiation Protection	9/30/2010	None
8 Hour HAZWOPER Refresher (Local) Refresher	5/19/2010	
8-Hour HAZWOPER Refresher Training Course	10/1/2010	
AED Refresher	10/21/2011	None
Bloodborne Pathogens Training Course Refresher	10/1/2010	
CPR	10/21/2011	None
First Aid	10/21/2011	None

Fit Tests

Mask Type	Model	Size	Test Type	Expiration Date	PDF
Full Face	AV 3000	S	QNFT	10/7/2010	
Full Face	Draeger Panorama Nova	O	QNFT	10/7/2010	
Full Face	MSA Ultra-Twin II	S	QLFT	8/31/2010	

Medical Clearances

Medical Clearance	Exam Type	Expiration Date	PDF
HazWaste/Field	Baseline	9/27/2011	
Respirator: NPR (APR)	Baseline	9/27/2011	
Respirator: SAR/PAPR	Baseline	9/27/2011	
Respirator: SCBA	Baseline	9/27/2011	

Drug and Alcohol Tests

Drug/Alcohol Test Description	Drug/Alcohol	Test Date	PDF
5 Panel SAMHSA/Federal	Drug	7/27/2009	
Client Required: Other	Drug	2/4/2010	

Immunizations

No data to display.

Other Tests

No data to display.

Public Personnel Notes (e.g., sched tests, exams...)

No data to display.

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I want to update Training Records

I want to update which Refresher Courses must be kept current

I want to update Fit Test Records

I want to update which Fit Tests must be kept current

I want to update Personnel Exam Results

I want to update which Medical Clearances must be kept current

I want to view Full Medical History by Exams

I want to view Full Medical History by Clearances

I want to update Drug/Alcohol Test Records

I want to view PDFs, update Immunization Records

I want to update which Immunizations must be kept current

I want to update Other Test Results

I want to update Public Personnel Notes

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Name: **Gomez, Tori L.**EHS Track Personnel ID: **15738**H&S Offices and Groups: **ATX**Employee ID: **019400**Location Code: **DTX**Active?: **Yes**OU: **1620**

Training (One-Time and Initial)

Course Name	Completed On	PDF
40-Hour Hazardous Waste Operations & Emergency Response Training Course	2/22/2008	
8-Hour Site Manager and Supervisor Training Course	1/15/2009	
Behavior Based Safety - Phase I	1/16/2009	
Bloodborne Pathogens Training Course Initial	2/5/2009	
Defensive Driving CD	3/4/2008	None
Defensive Driving Classroom Instruction Initial	2/11/2008	
Employee Orientation	2/4/2008	None
Ergonomic Awareness (OSHA eTools or Equivalent) One-Time	9/18/2009	None
Ergonomic Workstation Evaluation Initial	4/15/2008	None
Flint Hills Permit Training Initial	2/27/2009	
Hazardous Waste Management and Shipping for Environmental Professionals	2/6/2008	
Shipping and Transporting Dangerous Goods - Admin/Field Personnel Initial	3/25/2009	
Underground Utilities Competent Person Training	1/16/2009	

Training (Refresher)




Course Name	Expiration Date	PDF
8-Hour HAZWOPER Refresher Training Course	1/28/2011	
Bloodborne Pathogens Training Course Refresher	1/28/2011	
CPR	1/15/2011	
Ergonomic Workstation Evaluation Refresher	9/18/2010	None
First Aid	2/9/2011	

Fit Tests

Mask Type	Model	Size	Test Type	Expiration Date	PDF
Full Face	Draeger Panorama Nova	S	QNFT	7/2/2010	
Full Face	MSA Ultra-Twin II	S	QLFT	7/2/2010	
Full Face	Scott AV-3000	S	QNFT	7/2/2010	

Medical Clearances

Medical Clearance	Exam Type	Expiration Date	PDF
BioMedical Activity - DAILY COLLECTION	Periodic	1/30/2011	
BioMedical Activity - RESPONSE	Periodic	1/30/2011	
HazWaste/Field	Periodic	1/30/2011	

Respirator: NPR (APR)	Periodic	1/30/2011	
Respirator: SAR/PAPR	Periodic	1/30/2011	
Respirator: SCBA	Periodic	1/30/2011	

Drug and Alcohol Tests

Drug/Alcohol Test Description	Drug/Alcohol	Test Date	PDF
5 Panel Non-SAMHSA	Drug	2/1/2008	

Immunizations

No data to display.

Other Tests

No data to display.

Public Personnel Notes (e.g., sched tests, exams...)

No data to display.

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Name: **Beavis, James L.**EHS Track Personnel ID: **16153**H&S Offices and Groups: **DTX**Employee ID: **019739**Location Code: **DTX**Active?: **Yes**OU: **1460**

Training (One-Time and Initial)

Course Name	Completed On	PDF
30-Hour Construction Safety and Health Training Course	12/18/2009	
40-Hour Hazardous Waste Operations & Emergency Response Training Course	10/7/2005	None
40-Hour Hazardous Waste Operations & Emergency Response Training Course (Local)	10/7/2005	
8-Hour Site Manager and Supervisor Training Course	1/15/2009	
Behavior Based Safety - Phase I	1/16/2009	
Excavation & Trenching Competent Person	12/18/2009	
Fall Protection Competent Person Initial	12/17/2009	
Foot Defense Alert Driving Training Initial	1/22/2009	
Hazardous Waste Management and Shipping for Environmental Professionals	2/5/2009	
Underground Utilities Competent Person Training	1/16/2009	

Training (Refresher)




Course Name	Expiration Date	PDF
8 Hour HAZWOPER Refresher (Local) Refresher	10/16/2009	
8-Hour HAZWOPER Refresher Training Course	10/1/2010	
AED Refresher	10/21/2011	None
Bloodborne Pathogens Training Course Refresher	10/1/2010	
CPR	10/21/2011	
First Aid	10/21/2011	

Fit Tests



Mask Type	Model	Size	Test Type	Expiration Date	PDF
Full Face	AV 3000	S	QNFT	1/7/2011	
Full Face	Draeger Panorama Nova	O	QNFT	1/7/2011	
Full Face	MSA Ultra-Twin II	M	QLFT	1/7/2010	

Medical Clearances

Medical Clearance	Exam Type	Expiration Date	PDF
BioMedical Activity - DAILY COLLECTION	Periodic	12/22/2011	
BioMedical Activity - RESPONSE	Periodic	12/22/2011	
CMV- more than 10,001# but less 2,6001#	Periodic	12/22/2011	
HazWaste/Field	Periodic	12/22/2011	

Respirator: NPR (APR)	Periodic	12/22/2011	
Respirator: SAR/PAPR	Periodic	12/22/2011	
Respirator: SCBA	Periodic	12/22/2011	

Drug and Alcohol Tests

Drug/Alcohol Test Description	Drug/Alcohol	Test Date	PDF
5 Panel Non-SAMHSA	Drug	12/16/2008	
Client Required: Other	Drug	11/17/2009	

Immunizations

Immunization	Occurred	Follow-up Date	Frequency Type
Chicken Pox	Yes		One Time
Hep B: Dose 1	10/07/2005		Multi Dose
Hep B: Dose 2		Next Due on 11/06/2005	Multi Dose
Hep B: Dose 3		Next Due on 04/05/2006	Multi Dose
MMR-Adult	Yes		One Time
TB (Tuberculosis Screening)	03/03/2006	Expires on 03/03/2007	Periodic
Tetanus/Diphtheria	12/22/2009	Expires on 12/22/2019	Periodic

Other Tests

No data to display.

Public Personnel Notes (e.g., sched tests, exams...)

No data to display.

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PERSONNEL PAGE

Name: **Klein, Donna**EHS Track Personnel ID: **4715**H&S Offices and Groups: **STX**Employee ID: **018715**Location Code: **STX**Active?: **Yes**OU: **1641**

Training (One-Time and Initial)

Course Name	Completed On	PDF
40-Hour Hazardous Waste Operations & Emergency Response Training Course	10/20/2006	
Behavior Based Safety - Phase I	10/4/2007	
Defensive Driving Classroom Instruction Initial	9/12/2006	

Training (Refresher)

Course Name	Expiration Date	PDF
8-Hour HAZWOPER Refresher Training Course	11/18/2010	
Bloodborne Pathogens Training Course Refresher	11/18/2010	
Ergonomic Workstation Evaluation Refresher	7/7/2010	

Fit Tests

No data to display.

Medical Clearances

No data to display.

Drug and Alcohol Tests

Drug/Alcohol Test Description	Drug/Alcohol	Test Date	PDF
5 Panel Non-SAMHSA	Drug	10/20/2005	

Immunizations

No data to display.

Other Tests

No data to display.

Public Personnel Notes (e.g., sched tests, exams...)

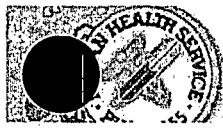
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Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

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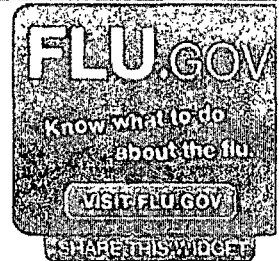
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towards Grants
I40 exit 102
to ACL Hospital

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ALBUQUERQUE AREA



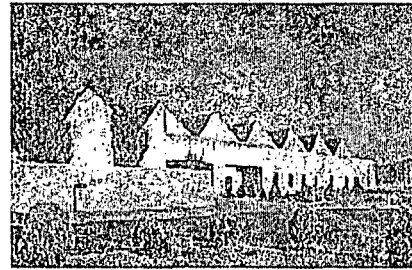
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Service Units:

Acoma-Canoncito
-Laguna
Albuquerque
Jicarilla
Mescalero
Santa Fe
Southern
Colorado Ute
Ysleta Del Sur
Zuni-Ramah

Acoma-Canoncito-Laguna Service Unit

The Acoma-Canoncito-Laguna (ACL) Service Unit serves the three Tribal groups in the immediate area: the Acoma Pueblo (population 3,500), the Laguna Pueblo (5,500) and the Canoncito Navajos (1,100).



The Acoma-Canoncito-Laguna Service Unit consists of the ACL Hospital in Acoma, and health centers at Laguna and Canoncito. The hospital provides general medical, pediatric, and obstetric inpatient care with 25 beds. ACL also houses a Dialysis Unit and the New Sunrise Regional Treatment Center, a residential program for adolescents.

The hospital offers a full range of outpatient and dental services as well as several specialty clinics, utilizing a combination of direct and contract services. Full diagnostic and treatment facilities support outpatient care. Well-baby, diabetic, prenatal and general medical clinics are scheduled weekly.

The field health program consists of health services that include health education, public health nursing, social services, nutrition, school health programs, environmental health, and alcohol and substance abuse services.

In each setting a number of health professionals, in close cooperation with community members, use the team approach to health care delivery. This partnership for health approach has contributed positively to the well-being of the community.

In order to encourage the young people to become interested in pursuing health careers, hopefully to return to practice in their communities, ACL is currently concentrating on incorporating educational activities that make the groundwork subjects fun, starting at an early age. Also reflecting ACL's commitment to the communities it serves is the active participation of each medical officer in a community project of their choice.

Health Care Team

Clinical Psychologists	Laboratory Technologists	Pharmacists
Dental Assistants	& Technicians	Physicians
Dentists	Medical Records Staff	Physician Assistants
Dieticians	Mental Health Technicians	Public Health Nurses
Health Care Team	Nurses	Radiology Technicians
Health Educators	Nutritionists	Social Workers
	Optometrists	

West central New Mexico, where the great mesas are the boldest and most beautiful, is the home of the ACL Service Unit, stretching out into rolling pasture lands studded with rock outcroppings and pinon, and bordered by the Cibola National Forest. The climate is semi-arid, offering mild winters and dry summers. Close-by Grants, a uranium boomtown, sits on black volcanic rock fields under

sacred Mt. Taylor. This long-extinct volcano is clearly visible 67 miles away in



Albuquerque, and provides great outdoor recreation. Bluewater and Acoma Lakes and Cibola extend the possibilities, including fishing, hunting, camping, hiking and picnicking. Also within easy driving distance: El Morro National Monument, site of Inscription Rock with its graffiti dating back to prehistoric times; Chaco Canyon, a 1000 year old village; massive Bandera Crater, formed when its volcano

erupted eons ago and next-door Ice Caves, always frozen a few feet below the surface. beautiful Enchanted Mesa is the legendary home of the ancestral Acomas. For nightlife and shopping, Albuquerque and Grants are both easily accessible, in addition to the several general stores, laundry and other facilities on the ACL reservations. 40 staff housing units are available adjacent to the hospital. Other possibilities are rental of housing or mobile home space from the tribes or daily commuting from Grants or Albuquerque.

The Acoma-Canoncito-Laguna Service Unit serves three Tribal groups in the immediate area: the Acoma Pueblo (population 3,500), the Laguna Pueblo (5,500) and the Canoncito Navajos (1,100). Total land owned by all three tribes equals approximately 740,00 acres.

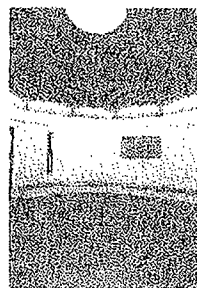
Acoma is one of the oldest of the pueblos, continuously occupied since 1075. "Sky City", the ancient Acoma, sits atop a 400' mesa, long speculated to be due to the location's defensibility.

Laguna Pueblo's name means "Village by the Lake", although the lake is long gone. On the topic of names, "pueblo" was given by the Spanish explorers to the Indian groups they found living in well-developed communities, because they reminded the Spanish of the villages of their homeland. These groups built multi-story structures around a central plaza, along rivers and streams that supported farming and allowed them to build well-ordered and complex societies, maintained to this day.

The Canoncito Navajos, a tribe of the extensive Navajo Nation and originally nomadic, are now primarily stockmen and farmers, as are many of the pueblo people.

Partnership for Health

The partnership between the Acoma-Canoncito-Laguna Service Unit and the tribes it services is the key to their success in identifying the health problems of the community and then working to resolve them. This process began many years ago in a meeting between ACL and tribal medicine men. It was pointed out then that the Indian people had a long history of natural therapeutic care; one based the prevention of illnesses and that took the whole person and his community into account. With the introduction of modern health care services, attitudes changed. The people went to facilities for solutions to health problems already well established, treating symptoms rather than causes. Today, there has been a return to many of the traditional, more integrated approaches to healing, resulting in a much higher level of health.



As the hospital was being built, there was a request by the local tribes to have this particular room built. It is designed to resemble a Navajo hogan and provides easy access for both patients and traditional healers. The main door faces east and in the center of the room on the floor is an open pit-like area that goes directly to the earth below. There is a fireplace, as in most Pueblo homes, and a rook which resembles that of a hogan. An Indian nurse and architect were part of a committee which was instrumental in getting this built. Outpatients truly appreciate the fact that this room exists for their traditional medical use.

Contact Information

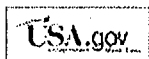
Acoma-Canoncito-Laguna Service Unit

P.O. Box 130

San Fidel, N.M. 87049

Phone: (505) 552-5300 Dental Clinic: (505) 552-5310

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